

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

As Seen
On TV

Bazuka that verruca

For the treatment
of verrucas, warts,
corns and calluses

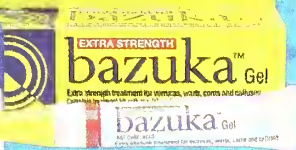
- Uniquely formulated, clinically proven treatment
- Dries to form a water-resistant, protective barrier
- Designed to inhibit spread of the verruca/wart infection
- No plasters necessary ■ Simple, once-daily application



salicylic acid, lactic acid

Extra strength
treatment for
verrucae and warts

- Uniquely formulated extra strength treatment
- Dries to form a water-resistant, protective barrier
- Designed to inhibit spread of the verruca/wart infection
- No plasters necessary ■ Simple, once-daily application



salicylic acid

NO NEED FOR PLASTERS

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New services in Scotland get £500k funding

PAGB launches new
OTC Code of
Advertising Practice

What comes next for
SSL International?

Health minister says
drugs 'a rip-off' in
generic price inquiry

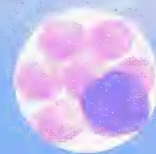
Tanna enters race to
be Mayor of London



VMS ready to ride
the internet wave?

Online at <http://www.dolpharmacy.com/>

Her pharmacist knows about NiQuitin CQ's proven morning craving control'



the
cancer
research
campaign

"However long a person has smoked, quitting is always a benefit."

And at seven am so does she

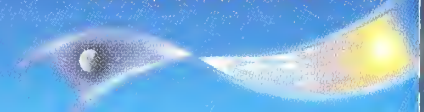
Morning cravings are often the most difficult time for smokers. NiQuitin CQ has clinical evidence to prove morning craving control.

NiQuitin CQ's advanced patch design helps ensure that from one morning right through to the next, the temptation to smoke is kept firmly at bay.

NiQuitin CQ

Nicotine

STOP SMOKING AID



HELP HER STAY CALM, IN CONTROL - AND

NiQuitin CQ Product Information. Presentation: Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 114mg nicotine per 22cm² patch), NiQuitin CQ Step 2 (containing 78mg nicotine per 15cm² patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7cm² patch), delivering 21mg, 14mg, 7mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and apply new

patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardiovascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on

removal of patch; rarely, allergic skin reactions. Occasional tachycardia. Other systemic effects may relate either to patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint headache, weakness, flu type symptoms, dizziness, disturbance. Mild effects should resolve with continued use. If troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use on advice of a doctor. **Legal category:** P. **Product licence numbers:** NiQuitin CQ 21mg (Step 1) 00079/0347; NiQuitin CQ 14mg (Step 2) 00079/0346; NiQuitin CQ 7mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strength patches £19.95, Step 1 only 14 patches £35.95. **Date of revision:** February 1999. NiQuitin CQ, CQ and Comm Quitters are trade marks.

Reference:

1. Data on file, SmithKline Beecham Consumer Healthcare.



CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 252 No 6214 140th YEAR OF PUBLICATION ISSN 0009-3033

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COMMENT

The Government really does want to have its cake and eat it as far as the NHS drugs bill is concerned. Having screwed branded drug manufacturers down to a 4.5 per cent price-cut through the Pharmaceutical Price Regulation Scheme, health ministers have now decided to have a go at the generics industry. And community pharmacists could feel the backlash of its latest pronouncement - a fundamental review of the supply of generic medicines. But health minister Lord Hunt was well out of order in insisting that generic suppliers are responsible for the shortages by holding back supplies to drive up prices (see p50), while admitting he had no evidence to support this allegation. The Government would do well to make sure its own conscience is clean before coming out with such accusations. It was the Government that walked away from the patient pack initiative, leaving the industry to cope with the costs and dislocations involved, which have been partly responsible for the shortages. The Government, too, has been quite happy to reap the benefits of free market competition in the past. Indeed, pharmacists will be intrigued to know that an MP was told in the Commons last week that: "The arrangements for reimbursing community pharmacies for the medicines they supply contain incentives which encourage them to shop around for the lowest prices, while ensuring that much of the discount they receive is clawed back. In 1998-99, £400m was saved in this way." Pharmacists will need to keep a wary eye on the outcome of the OFT investigation. Many would accept that the current *Drug Tariff* pricing system is far from ideal, but that problem is for PSNC to sort out with the Department of Health. Being bounced into a new pricing system because generic manufacturers do not like the existing one may not be the best way to proceed.

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on the way in Scotland 4

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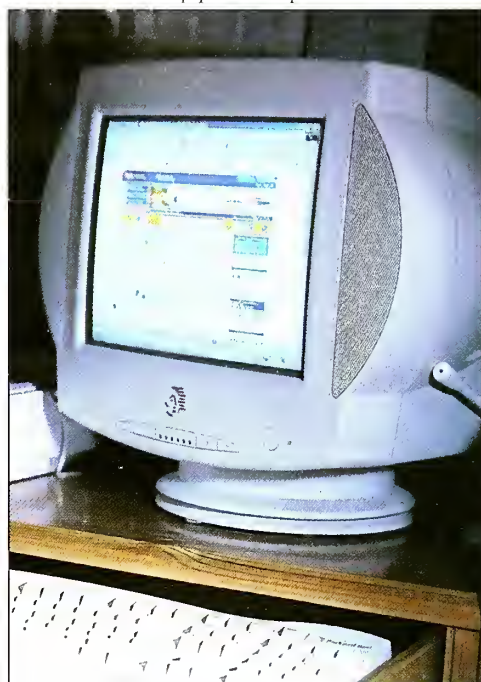
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that they can do the job and do it well

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Three mergers in 18 months make SSL International
worth £1.25 billion. What comes next?

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taken an equal share of health and beauty market

Tanna to stand for Mayor of London 58

Dulwich pharmacist joins Ken, Jeff, Frank *et al*

C&D Tutorial: Children's medicines 35

Over 50 per cent of households with a child aged 5
or under purchased a children's medicine last year.
You can help parents make an informed choice



Editor Patrick Grace,
MRPharmS
Assistant Editor Maria
Murray, *MRPharmS*
Technical Editor Fawz
Farhan, *MRPharmS*
Business Editor Guy
L'Amable, BA
News Editor Charles
Gladwin *MRPharmS*
Contributing Editor
Adrienne de Mont
MRPharmS
Beauty Editor
Sarah Thackray
Reporter Steven Bremner
MRPharmS
Art Editor Tony Lamb
Production Editor
Vanessa Townsend, BA
Editorial secretary
Jan Powis
Editorial (tel): 01732 377407;
(fax): 01732 367065
E-mail: chemdrug@unmf.com
Price List
Colin Simpson
(Controller)
Darren Larkin, Maria
Locke
Price List (tel): 01732 377407;
(fax): 01732 377559
Group Advertisement
Manager
Julian de Bruxelles
Group Advertisement
Executives
Simon Goddard, Mike
Nicholson
Classified Executive
Debra Thackeray
Advertisement
department secretary
Elaine Steele
Advertising (tel): 01732 377621;
(fax): 01732 377179
Production
Karen Way
Associate Publisher
John Skelton *FRPharmS*
Group Sales Director
Ian Gerrard

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New services for Scotland



SPGC chairman George Romanes: "This is the start of locally targeted pharmaceutical care in Scotland"

Yellow Card Scheme extended

The Yellow Card Scheme has been officially extended to all community pharmacists this week by the Medicines Control Agency and the Committee on Safety of Medicines.

Community pharmacists will now be able to report suspected adverse drug reactions on the Yellow Card Scheme in the same way that doctors, dentists, coroners and, since 1997, hospital pharmacists have been doing.

The extension follows the results of pilot schemes, which confirmed the value of pharmacists in ADR reporting and showed the quality of the reporting to be extremely high.

Royal Pharmaceutical Society president, Christine Glover, said the move was long overdue. "It is important that pharmacists and doctors now work in partnership to ensure patient records are fully maintained. It is vital that doctors have a complete picture of the patient's medical history when considering how best to treat them."

The announcement was made as *C&D* went to press. More details next week.

Children's medicines tutorial



The latest in the series of *Chemist & Druggist* tutorials this week looks at children's medicines.

Accredited for one and a half hours of continuing education with the CPP, the tutorial looks at common ailments in children, their treatment and customer expectations. The tutorial is brought to you in conjunction with Novartis. See p35.

Three new pharmaceutical care services, which will be offered by Scottish pharmacy contractors, were announced on Monday.

A sum of £500,000 will support the development of pharmacy services in palliative care; for patients with enduring mental illness; and for elderly patients with known medication problems.

The initiative was announced by Scottish health and community care minister Susan Deacon at a meeting in Edinburgh for health managers, hosted by Scotland's pharmacy groups (see also p48).

The £500,000 comes from within this year's global sum. This year's 3.5 per cent settlement specifically referred to a ring-fenced sum to be used for the introduction of an extended range of services (*C&D* October 16, p4).

The money will be distributed to Scotland's 15 health boards for allocation to primary care trusts. Each board's allocation has been deter-

mined by the share of the global sum it received in 1998-99. So while Greater Glasgow will get £99,000, Lothian £67,000 and Lanarkshire £58,000, the Western Isles, Orkney and Shetland will only get £1,000 each.

National frameworks have been developed for local implementation (see box), and the Scottish Executive says that if this approach proves successful, further schemes may be developed in future years.

Ms Deacon said: "Scotland's 1,100 community pharmacies are a vital point of contact for patients - especially the vulnerable. That is why we have put in place arrangements to support local pharmaceutical care services."

The initiative has been welcomed by the chairman of the Scottish Pharmaceutical General Council, George Romanes. "These novel services have been developed by the SPGC in conjunction with the Scottish Executive Health Department.

"The idea is that a menu of three



Scottish health and community care minister Susan Deacon: "The Government is investing an additional £500,000 to help pharmacists develop new and better services for local people"

possible services will be offered to primary care trusts. They will be free to choose that particular service which best serves the needs of patients in their area."

However, he warns that it will not be possible initially for every contractor to offer these new services. "If we are successful in delivering this limited number of new services, and are remunerated accordingly, the potential exists to build on this. Patients will be the driving force for additional funding," said Mr Romanes.

The SPGC is currently discussing implementation of the schemes with the Scottish Executive.

How they will operate

Frameworks for the three schemes have been agreed with the Scottish Pharmaceutical General Council and are being circulated to health boards, and PCT chief executives and pharmacists for action.

PCTs are being asked to decide locally the number of pharmacies that will be involved in each scheme, based on need, location and training requirements.

PCT chief pharmacists are being asked to provide advice and support to participating pharmacies and to facilitate links with local hospital pharmaceutical services.

Health boards and PCTs are being told that it is essential that the appropriate professional groups are fully involved in local planning and implementation.

Remuneration is to be negotiated locally with area pharmaceutical contractor committees, but the Scottish Health Department says it should be kept as simple as possible - on a fixed fee or capitation basis.

The three schemes: objectives and key points

Palliative Care

Objectives:

- to ensure that patients receiving palliative care receive continuity of supply of essential medicines and devices for drug delivery
- to create a network of specialist community pharmacies to provide information and advice on the pharmaceutical aspects of palliative care to patients, carers and other health professionals.

The scheme is intended to provide a network of specialist community pharmacies which can provide immediate access to certain drugs as agreed with local doctors and nurses. It should also provide for team working with local hospices and palliative care teams, and promote joint working with an acute trust pharmaceutical department to ensure 24 hour cover.

Patients with severe and enduring mental illness

Objective:

- to improve medicines concordance of those patients living in the community with severe and enduring mental illness.

The scheme aims to identify community pharmacies which will provide daily supervised consumption of medicines for mentally ill patients. It will rely on voluntary registration by patients whose care plan includes referral by their GP to such a community pharmacy.

It will normally involve prescriptions for daily dispensing and should better integrate pharmacists with the community psychiatric team.

The frail and elderly

Objective:

- to help support frail elderly patients who live at home to enable them to comply with their medication.

This scheme is aimed at patients over 75 who live on their own or who require additional support to help manage their medicines.

Patients may be identified by their GP, nurse or community pharmacist. The decision to provide additional support will be made by pharmacist and GP together, and agreed with the patient.

The scheme will provide an opportunity for medication review by the pharmacist which may help simplify drug regimens. It will also give the opportunity to assess the value of compliance aids and promote joint working with social services.

All the schemes include provision of advice on medicines for patients and their carers, and will be supported by continuing education and training through the Scottish Centre for Post-qualification Pharmaceutical Education.

Prescribing management course set up

The University of Leeds is to run a course on prescribing management in primary care from February.

Aimed at all health practitioners in primary care, the course is designed to help underpin evidence-based knowledge of prescribing, as well as developing the skills needed to implement change in their area of practice. There will be a heavy emphasis on practical experience as "therapeutic knowledge alone is insufficient to change prescribing". Teaching from a 'hands on' perspective will be key to the course.

The course is being offered at three levels - postgraduate certificate, postgraduate diploma and master of science - and has two compulsory core modules carried out in the first year. These are an introduction to managing prescribing and the principles of evidence evaluation for primary care prescribing.

The University anticipates that pharmacists from community settings will predominate on the course, and has made the course as flexible as possible. On average, there are three days of teaching per module, so the certificate would see 12 days taught at the University over a year.

Teaching will come from pharmacists, GPs, nurses and outside specialists with expertise at primary care level, says the University. Between study days, participants are expected to complete 'focused reading' and carry out specific projects.

The cost of each module is £295. Further information is available from Ms Lowe or Jackie Nunn, both at the Division of Academic Pharmacy Practice, School of Healthcare Studies, 10 Clarendon Road, Leeds LS2 9NN. Tel: 0113 3926737. Fax: 0113 3926860.

Advance emergency contraception over millennium

Brook family planning clinics will be offering advance supplies of emergency contraception over the millennium period.

As part of its 'Get it sussed' millennium campaign, Brook's doctors may advance prescribe emergency contraception for clients who would find it difficult to obtain supplies over the holiday period. The campaign also encourages young people to ensure they have enough of their usual form of contraception and extra condoms. Staff are encouraging young people to be aware of the increased risks of sex without protection after drinking alcohol.

Patients use internet to negotiate treatment

The internet will transform the relationship between health professionals and their clients, claims a study.

Patients are using health information gained from the internet to "renegotiate" treatment advised by their GP. Published in this month's *Sociology of Health & Illness*, the study of ten families found that several had used the internet to obtain information about their medical treatment. One woman had her hypertension medication changed after using inter-

net information to challenge her GP.

Advantages of the internet for obtaining health information include the freedom to ask embarrassing questions from home and in confidence. It is also seen as a good source of information on complementary therapies.

The study's author, Michael Hardey, concluded that further research is needed to understand "whether doctors view patients' use of the internet as a threat to their clinical autonomy or as a resource to promote partnership in care".

Pay is 'fair and appropriate' says Hutton

Social care minister John Hutton has given an insight into the Department of Health's attitudes to remuneration.

Last Thursday he responded to a question from Sir Peter Emery MP as to what measures the health secretary is taking to support local pharmacies. Mr Hutton's response was: "The Government supports all pharmacies ... by ensuring they are paid fair and appropriate remuneration for the services

they provide on behalf of the NHS."

On the same day, on the question of the NHS's ability to buy the cheapest possible drugs, he wrote: "The arrangements for reimbursing community pharmacists ... for the cost of medicines they supply contain incentives which encourage them to shop around ... much of the discount which they receive is clawed back." This saved a total of £400 million in 1998-99.



Royal Pharmaceutical Society president Christine Glover held a reception at the Lambeth headquarters early last week. Among those attending was health under-secretary Gisela Stuart MP (right)

Pick 'n' mix Diploma from King's

The Pharmacy Department at King's College London has relaunched its Postgraduate Diploma in Primary Care as four stand-alone modules, one of which is being taught jointly with postgraduate nurses.

The new Diploma gives students the flexibility to do the four modules consecutively in one year or spread them out over a number of years. Alternatively, pharmacists unable to commit themselves to the entire Diploma can undertake a one-off module leading to an individual King's certificate.

The four modules are clinical pharmacy, evidence-based practice, practice support and patient-centred services. The length of each module varies from six weeks to 13 weeks with one day a week attendance at the new

King's site at Waterloo. Prices for modules range from £200 to £500.

The course has also been revised to equip community pharmacists for their extended roles in the new NHS. The course is also aimed at prescribing advisers, those working with primary care groups and hospital-based community services pharmacists.

A pioneering aspect of the new Diploma will be integrated teaching with King's School of Nursing. The evidence-based practice module is being taught jointly with nurses undertaking the Postgraduate Diploma of Community Nursing in a bid to foster early multidisciplinary liaisons. Peter Griffiths, module leader of the evidence-based practice course at the School of Nursing, hopes that pharmacist and nurse students will be able see

IN BRIEF

Drug recall

APs Berk is recalling a batch of amitriptyline tablets 50mg, 100s, BN 8H13DP, expiry July 2001. This is due to a report of one pack containing a single rogue nitrazepam tablet 5mg with the marking 1N4. The class 2 medicines recall was issued on November 3. Further details are available from Mrs K Birch at APD Ltd on 0800 585 0300 or 0800 526 989.

Man gets life for pharmacist's murder

A man has been sentenced to life imprisonment for the murder of a retired pharmacist.

Stephen Unwin was accused of the murder of John Greenwell, a retired Boots pharmacist (C&D January 9, p6). Mr Greenwell was found in his home at Houghton-le-Spring, Tyne and Wear, on Christmas Day, 1998.

Mr Unwin was sentenced at Newcastle Crown Court on October 29.

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried during October:

- attention deficit hyperactivity disorder (1140)
- chlamydia (1141)
- acromegaly (1142).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates apply) or at www.dotpharmacy.com. Pharmacy Update is supported by Genus Pharmaceuticals.

Drive-in pharmacy gets good response

Narinder Singh, a proprietor in Kirkby, Ashfield, Nottingham, has introduced a drive-in dispensing facility for the elderly and disabled.

Patients drive to an intercom at the back of the dispensary where they can leave prescriptions and talk to the pharmacist if necessary. They then drive to the side of the pharmacy and wait for the medicines to be taken to them.

Mr Singh has been "amazed" by the response to Lowmoor Pharmacy Drive-Thru since it opened at the beginning of October. One advertisement in the local newspaper led to interviews on BBC East Midlands television, Radio Nottingham and Asia Net Radio.

"Customers appreciate it and it's good for independents who want to give a more personal service than the multiples," he says. "I think it's the way forward for pharmacists considering a purpose-built pharmacy, as it does not cost a lot to incorporate the drive-in facility."

Mr Singh had the idea about seven years ago, but could not get planning permission. When the town was pedestrianised, the council wanted to buy the land in front of his pharmacy for a cycle path. He gave the land free in return for a disabled parking bay at the pharmacy, and the scheme developed from there. The facility is open to all customers but was designed specifically to improve access for the disabled.

Mr Singh and his family own seven pharmacies in the Nottingham area - the Singh group.

COMPASS relaunched in NI

The COMPASS reports, designed to help GPs in Northern Ireland choose the most cost-effective treatments, have been relaunched.

Compiled by Queen's University's Department of Therapeutics and Pharmacology, the reports allow doctors to see what the practice prescribes each month, with quantities and costs. Where appropriate there are comments on less expensive but equally or more effective alternatives. Therapeutic notes, derived from the best available medical evidence, will be updated to reflect new drug developments.

The format is intended to be more user-friendly. It includes the 20 most prescribed drugs and there are comparisons over time, within each health board area and across NI as a whole.

COMPASS stands for computerised on-line monthly prescribing analysed for science and stewardship.

Pharmacists should have greater role in NHS smoking cessation

Community pharmacists should play a larger part in delivering NHS smoking cessation support, claims a Pharmacia & Upjohn discussion paper.

This increased participation could play an important part in extending pharmacists' role in integrated primary care teams, says the paper.

In the future, new Pharmacy-only NRT products and innovative pharmaceutical care support systems may make a significant contribution to privately purchased cessation support. "Pharmacists are the most convenient source of expert advice on NRT and other medicines," says the paper.

'Smoking, nicotine and society' also advocates GSL licences for some forms of NRT, which could then be sold

alongside tobacco products. But the paper claims that ideally, the three main channels of NRT supply should co-exist, that is through the NHS, from pharmacies and on general sale.

The paper, written by Professor David Taylor, director of health affairs at GJW Government Relations, also advocates GP prescribing of NRT. And it suggests extending the period during which people may obtain free NRT.

The first in a series of discussion papers on health issues, 'Smoking, Nicotine and Society', is available from Gill Mattinsley at Pharmacia & Upjohn, Davy Avenue, Knowlhill, Milton Keynes MK5 8PH, price £9.99.

● Smokers are discriminated against at work and are even being denied

jobs, says a report by smokers' rights group FOREST.

Blanket bans on smoking, forcing smokers to accept reduced pay or longer working hours, and sacking employees allegedly caught smoking, are all ways in which smokers are discriminated against, says the report. A survey of 300 job advertisements showed discrimination against smokers. Some advertisements state that "only non-smokers should apply".

"To employ such tainted tactics against other people's job prospects hits a new low, even for the most militant ... anti-smoker," said Lord Harris of High Cross, chairman of FOREST.

'Smoking: The new apartheid' (£5) is available from FOREST: 07071 766537.

Pharmacists urged to train in diagnostics

UniChem is urging pharmacists to take up training in providing diagnostic skills.

In light of the recent *Health Which?* report (C&D October 16, p5) into pharmacy diagnostic services, the company has said there is still room for improvement in the services currently provided. UniChem believes that walk-in centres on the High Street will be the way forward for independent pharmacy, so risk assessment testing holds value added opportunities.

Referring to the semi-critical report, UniChem's sales and marketing director Martin Ward said: "Pharmacists should receive the comments constructively and take training, where

necessary, for themselves and their staff in order to offer the best possible service."

Meanwhile, AAH Pharmaceuticals has asked that the Royal Pharmaceutical Society consider setting up a steering group to look at standards for providing these services. AAH's professional services manager, Dr Mandeep Mudhar, has written to the Society after the secretary and registrar, Ann Lewis, indicated that the Society is talking to special interest organisations and has asked that AAH has representation in such a group.

It will be very important to have standards agreed and in place if more pharmacists are to offer lifestyle and health risk assessment tests, he said.

Drug Tariff changes for November

Scottish Pharmaceutical General Council says that because of problems with the availability of the following *Drug Tariff* generics, the PPD has been instructed to accept pharmacists' endorsements of manufacturer/pack size on prescriptions dispensed during November.

These are the only products for which such endorsements will be acceptable: Allopurinol tablets 300mg (both pack sizes); aluminium hydroxide tabs 500mg; bendrofluazide tabs 2.5mg; chlorpheniramine tabs 4mg; cotenidone tabs 100/25 and 50/12.5; diazepam tabs 2mg, 5mg and 10mg; dipyrindamole tabs 100mg; doxycycline caps 100mg; indomethacin caps 25mg and 50mg; mefenamic acid caps 250mg; metronidazole tabs 400mg; minocycline tabs 50mg; oxprenolol tabs 20mg and 40mg; penicillamine tabs 250mg; phenobarbitone tabs 30mg and 60mg; propranolol tabs 10mg and 40mg; quinine sulphate 200mg; thioridazine tabs 50mg; trifluoperazine tabs 5mg; and trimethoprim tabs 200mg.

Information and updates are posted on the SPGC website at www.spgc.org.uk. Details of generic items in short supply are also detailed on www.dofpharmacy.com.

C&D Price List

We would like to apologise to subscribers who received their C&D Price List a few days late this month. This was due to a mechanical problem at the dispatch agents which has now been resolved.



A registration ceremony for newly qualified pharmacists was held last month at the Royal Pharmaceutical Society's Scottish Department. Pictured at the ceremony are (back row from left) Yvonne Cummins, Danar Cheung, Gavin Boyle and Kim Clark; (centre row from left) Campbell McCowan, Carmel Doyle, Aaron Dowds, Nicola Anderson, and Iain Rivans; (front row from left) Dona Buchan, vice president Marshall Davies, president Christine Glover, Scottish executive vice chairman Alison Strath, secretary Sheila Stevens and Adjei Afua

Technician trouble

Up there, among the most controversial arguments in hospital pharmacy, must be the subject of checking technicians.

In hospitals the pharmacist's role becomes more clinical in nature, and alongside this there is a severe shortage of basic grade pharmacists and recruitment problems at most grades. It therefore makes sense that the role of the technician must change, too.

As part of the pharmacist's traditional role is devolved to technicians, some of their traditional duties must be carried out by assistants.

The role of checking technician has caused many heated arguments. Most schemes operate with a pharmacist checking the prescription on the ward before it is dispatched to the dispensary. Any errors or ambiguities are corrected at that stage. In the dispensary it is dispensed by a technician and may be checked by a designated checking technician or a pharmacist.

There are strict dispensing, checking and standard operating procedures in place and the designated checking technician will have done a college course on the responsibilities of such a post. At least two years' experience as a qualified technician is a prerequisite for acceptance on Scottish courses.

The dispensary manager is responsible for adherence to procedures. The ward pharmacist is responsible for the

"The courts might be the only method of resolution"

appropriateness of the prescription items, and overall responsibility for rests with the Trust chief pharmacist.

However, there are grave reservations on the part of some dispensary managers about their responsibilities. There are no legal judgements on whether the liabilities outlined would be accepted in a court of law, or whether the dispensary manager would be responsible for any mistakes.

In at least one pharmacy department, advice has been sought from the Royal Pharmaceutical Society, the Medicines Control Agency and various other bodies. None have been prepared to advise, referring the inquirer to another body or giving a non-committal answer.

No one wants to be the first to test the situation in the courts, but it looks as if that might be the only method of resolution. If the ruling does not uphold the system, where we go from there is anyone's guess!

Contributed by a senior hospital pharmacist

Xrayser

Topical Reflections

Where's the reward for a fair day's work?

Nothing galvanises the normal inertia of government more than the hot breath of Treasury displeasure, and with Category D problems creating mayhem with prescribing budgets, the House of Commons Health Select Committee is currently looking into the shortage of generics.

I would prefer a stable generic market to the present lottery, but I have had to allow myself a wry smile at the news that the Office of Fair Trading may now become involved (*C&D* November 6, p5). For years the prices of generic drugs have been driven ever downwards by industry competition on the one hand and the Department of Health's insistence on its pound of flesh on the other. But now the wheel has turned full circle the DoH is crying "Foul!"

Both this Government and previous administrations have ruthlessly used and abused their monopoly power to force down the costs of providing a community pharmaceutical service, while at the same time insisting that all the millions of pounds of gains made on the free market by the buying expertise of the community pharmacist must be retained for the Treasury.

They have consistently refused to share with me the rewards of my business acumen so now that the market has turned I have little sympathy for them. Instead of setting up inquiries, the Department of Health should read the small print and learn the lessons of a market economy. Prices may go up as well as down!

I have no doubt that when full market conditions are restored prices will once again be reduced, but meanwhile I will continue to buy at the best possible price and, without a guilty conscience, maximise my return. I would only agree a more benign approach if the DoH would now belatedly admit to the unfairness of a global sum system that treats all contractors as if they provide equal service at equal cost. If the DoH offered to negotiate a contract that at last properly reimburses me my actual costs and rewards me fairly for a fair day's work, then...



A new beginning for independent pharmacists?

It is always interesting to read about community pharmacy developments in other countries and particularly in the US where today's innovation may be tomorrow's essential. Thankfully the competitive forces that drive community pharmacy in the US are not as strong in the UK, but the lessons are equally true.

The past few years have seen pressure being exerted on independents on both sides of the pond, but whereas in the US there is now evidence that independents' numbers have stabilised and they may even look forward to modest growth (*C&D* November 6, p24), in the UK aggressive acquisition by multiples is still reducing numbers. However, even here I can detect similarities because the continuity of customer care that is the hallmark of the successful UK independent community pharmacist has now been similarly identified in the US.

The problem in the UK is the artificial market within which pharmacies are bought, sold and established. Control of contract has brought stability and dignity to community practice, but it has also encouraged the dominance of the

multiple. Hopefully the UK will now start to mirror the US slowdown in the decline of independent numbers and even see them increase because there are many areas of the country where a previously refused contract may now be beneficially revisited.

Monopoly can induce complacency, but controlled competition should improve service. Prescription numbers are still increasing, and with the concentration of minds in primary care groups on more local issues, the opportunity for pharmaceutical service payments may also improve.

In this atmosphere competitive applications by independents may now be viewed as both necessary and desirable, and could herald a new beginning for the independent proprietor pharmacist.

In praise of the licensed herbal remedy ...

It is unusual for me to praise Beechams, and twice in as many weeks is unheard of, but I do like the look of its new Natural Relief tablets.

A herbal medicine licensed to relieve the symptoms of colds and flu and speed up the recovery process is one I will look forward to recommending

MCA produces advertising guidelines

The Medicines Control Agency has launched its own set of guidelines on medicines advertising.

"They support the amendments made to regulations last April," said Dr June Raine, the MCA's director of post-licensing, last week. "They provide an interpretation of the regulations and the MCA's procedures. It is not a code of conduct - that is left to the self-regulating bodies."

Dr Raine emphasised that the guidelines do not herald any change in direction of policy. The Agency has come in for criticism from OTC manufacturers in recent years for failing to give any indication of how it was interpreting the regulations.

The MCA has a statutory duty to monitor and enforce the Medicines (Advertising) Regulations 1994. Breaches of the regulations can be enforced through civil sanctions (withdrawal of material) and criminal sanctions (fines of up to £5,000 and/or imprisonment for two years).

However, as the MCA guidance makes clear, the control of medicines advertising is based on the long-established system of self-regulation, underpinned by statutory powers.

Dr Raine said the MCA will shortly be announcing the constitution of an independent review panel that will hear appeals by companies in cases where the MCA has determined that there has been a breach of the regulations. *'Advertising and promotion of medicines in the UK' (ISBN 0-11-712438-4), available from the Stationery Office (£15).*

The guidelines can also be found on the internet at www.the-stationery-office.co.uk/mca/gnotes/g-note23.pdf. Username: adpromuk, password: wckyabt.

The revised 'Code of Practice of Advertising Over-the-Counter Medicines to Persons Qualified to Prescribe or Supply' is available from the Proprietary Association of Great Britain, Vernon House, Sicilian Avenue, London WC1A 2QH (tel: 020 7242 8331).

Three sets of guidelines have been produced to aid interpretation of the Professional Code and the existing PAGB Consumer Advertising Code:

- Promotions and public relations
- Advertising related to specific therapeutic categories
- Operation of the Professional Code.

The main changes to the Professional Code since it was last published are:

- the requirement for companies to provide the PAGB with a 'designated signatory' - someone responsible for ensuring advertising complies with the Code
- a description of the complaints procedure
- new clauses on representations and representatives
- new clauses on comparisons
- a new section on sampling and discretionary supplies of medicines to pharmacists.

Code of practice launched for advertising OTCs

A new 'Code of Practice of Advertising OTC Medicines' has been launched by the Proprietary Association of Great Britain.

The self-regulatory code covers advertising aimed at pharmacists and their staff. It formally brings OTC medicine advertising largely in line with the rules enforced on ethical companies promoting prescription products to doctors.

For OTC manufacturers it will bring to an end over two years of uncertainty over what is acceptable in terms of the advertising of OTC medicines to 'persons qualified to prescribe or supply'.

That uncertainty began when senior ministers in the then new Labour Government called into question the promotional practices of some companies to community pharmacists. The 'mountain bike' promotion from Norton as part of its Advantage scheme was a high profile example.

Although the MCA has consistently claimed that its interpretation of the rules has not changed, how it has been doing so has never been spelt out. This week, however, it has published its own guidance to the Medicines

(Advertising) Regulations 1994 No 1932 and subsequent amendments (see left).

Under the new PAGB professional Code, 'persons qualified to supply' include pharmacists (and pre-reg graduates), assistants and "GSL retailers having direct contact with the public". The Code requires that all advertising must be in line with the product's licence, and that it should not mislead or contain exaggerated claims, either direct or implied.

No gifts, pecuniary advantage or benefits in kind which might encourage a pharmacist to supply a particular product are permitted, unless it is inexpensive or relevant to pharmacy practice. Inexpensive means around £5.

Corporate activities are mainly outside the scope of the Code provided they do not constitute an inducement to supply medicines. For example, the provision of educational services or goods that will enhance customer care or benefit the pharmacy is permitted, but such items should not be linked to brands and must bear a corporate name.

Where training or educational materials are significantly brand biased, or may be considered to be advertising, they should comply fully with Code requirements.

The Code applies to competitions, and no more than two or three prizes of £100 may be provided per competition. Guidelines to the Code suggest what



PAGB director Sheila Kelly: a Medicines Advertising Liaison Group has been set up which will look at how the regulations will apply to new advertising media such as the internet

might constitute acceptable prizes.

Corporate awards are acceptable provided they enhance customer care or benefit pharmacy services. A company may sponsor awards of greater value than £100 provided no link is made with a medicine.

Companies can support professional meetings provided any hospitality offered is at a reasonable level and subordinate to the main purpose of the meeting. Pharmacy staff can be invited to such meetings if it is appropriate.

Sampling to pharmacists is allowed "for the purposes of acquiring experience of dealing with a product".

There are areas the new Code does not cover. These include:

- advertising of OTC products which is intended to encourage doctors to prescribe the product (this is covered by the ABPI Code)
- listings in trade catalogues (eg *C&D Price List*, and the *C&D Guide to OTC Medicines*)
- monthly promotional magazines produced by wholesalers
- advertisements with no medicinal claims (which can include a straightforward pack shot for product identification purposes)
- provision of a pack shot for editorial purposes (even where a payment is made) where the company has no control over the final text
- corporate activities where there is no mention of a licensed medicine
- trade practices relating to "prices margins and discounts" which were in existence before January 1, 1993. These terms are viewed as primarily financial, and so should not allow pharmacists to obtain personal benefits: thus gift vouchers offered alongside a promotional parcel are unacceptable even if they presented as an alternative to a financial discount.

The Royal Pharmaceutical Society has additionally stated that pharmacists accepting gifts and inducements to supply, such as gift vouchers, discount holidays, sports equipment etc, would be in breach of its Code of Ethics.

Bonus schemes based on turnover and accumulated points which can be exchanged for credit or free goods, or discounts on further orders are considered to be a variation on pre-existing trade practices and are not covered by the Code.

Other trade practices not covered by the Code include bonus stock deals (eg 14 for the price of 12); display deals where 'space is bought in-store' for things like countertop units, window display and gondola ends; and retailer consumer leaflets which include medicines; and listing fees.

You have standards. So do we.



CORSODYL

THE GOLD STANDARD TREATMENT FOR GINGIVITIS



Chlorhexidine gluconate

CORSODYL
Chlorhexidine gluconate

A pharmacy is no place for compromise, especially when it comes to chlorhexidine mouthwashes.

For over 24 years Corsodyl has been 'The Gold Standard'™ treatment for gingivitis. Also used for the management of aphthous ulceration, dental stomatitis, oral thrush and the promotion of gingival healing after oral surgery, no wonder Corsodyl is recommended by 99% of pharmacists.*

Corsodyl. Tried, tested and trusted. Why settle for anything less?

THE
GOLD STANDARD
TREATMENT FOR GINGIVITIS

Corsodyl. Uses: Inhibition of plaque; treatment and prevention of gingivitis, maintenance of oral hygiene, promotion of gingival healing following surgery; useful in the management of aphthous ulceration and oral candidal infections. **Presentation.** Spray and Mint Mouthwash: Clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: Clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: Clear colourless gel containing 1% w/v chlorhexidine gluconate. **Dosage and Administration.** Spray: Apply to tooth and gingival surfaces and ulcers using up to 12 actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. Dental Gel: Brush the teeth with one inch of gel for one minute, once or twice daily. Ulcers, oral candidal infections: Apply gel directly to sore areas. For gingivitis use for a month. For ulcers, oral candidal infections, use for 48 hours after clinical resolution. **Contraindications.** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **Precautions.** For oral use only, keep out of eyes and ears. **Pregnancy and**

lactation. No adverse events have been reported, and no special precautions are recommended. **Side effects.** Occasional irritative skin reactions. Extremely rarely, generalised allergic reactions to chlorhexidine. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur, usually reversible. Transient taste disturbances and burning sensation of the tongue may occur on initial use of the mouthwash, usually diminishing with continued use. Occasional oral desquamation. Very occasional parotid swelling. **Overdosage.** Systemic effects are unlikely after accidental ingestion or overdosage, however gastric lavage may be advisable.

Product Licence Numbers and Basic NHS Cost: Corsodyl® Spray (0079/0311) 60ml (OP) £4.10 300ml (OP) £1.93. Corsodyl® Mint Mouthwash (0079/0312) 300ml (OP) £1.93. Corsodyl® Dental Gel (0079/0314) 50g (OP) £1.21. Legal Category P. Date of last revision June 1998. Licence Holder SmithKline Beecham Consumer Healthcare, Brentford TW8 9BD. CORSODYL and CORSODYL THE GOLD STANDARD are registered trade marks.

**SB SmithKline Beecham
Consumer Healthcare**

*Source: PMSI data 1997

Script specials



Cavilon on prescription

Cavilon, a non-irritant skin barrier film, has been added to the *Drug Tariff*.

When the foam is applied to the skin, it forms a transparent barrier film to protect at risk or broken skin. Cavilon is suitable for the management of pressure sores, incontinence, dermatitis, stoma, venous ulcers, adhesion trauma and protection of the periwound area.

The colourless, alcohol-free, non-

sting film lasts 72 hours on the skin before re-application is needed. It is not necessary to remove the original film before re-applying.

Cavilon comes as a single-use foam applicator (5x1ml, basic NHS price £4.45; 5x3ml, £7.15) for small or awkward sites and a pump-action spray bottle (28ml, £5.99) for use on larger areas such as the lower back.

3M Health Care. Tel: 01509 611611.

IN BRIEF

Arava for rheumatoid arthritis

Arava (leflunomide) is a new disease-modifying anti-rheumatic drug from Hoechst Marion Roussel indicated for the treatment of adults with active rheumatoid arthritis. Arava comes in three strengths: 100mg (3-tablet titration pack, basic NHS price £23.25), 10mg (30, £46.50) and 20mg (30, £46.50). More details to follow next week.

Hoechst Marion Roussel.

Tel: 01895 834343.

Sodium bicarbonate capsules

Generics UK has introduced its own brand sodium bicarbonate capsules 500mg (100, NHS price £30.54).

Generics UK. Tel: 01707 853000.

Nabumetone from Cox

Cox has launched the first generic presentation of nabumetone 500mg with a list price 56-tablet blister pack at £18.11.

Cox Pharmaceuticals.

Tel: 01271 311200.

Pizzas on the NHS?

Juvelo has launched gluten-free pizza bases. The 9in pizza bases come in packs of two (outer of four packs, £23.76). The bases are available on prescription.

SHS International.

Tel: 0151 228 8161.

APS Berk web site

APS Berk has a new web site at www.aps-berk.com. Access to the site is restricted to pharmacists and is password protected. A password is obtainable by ringing Freephone 0800 590502.

APS Berk. Tel: 01132 380099.

Hypurin Porcine back in stock

Hypurin Porcine 30/70 Mix Cartridges from CP Pharmaceuticals have been reformulated and are now back in stock.

CP Pharmaceuticals.

Tel: 01978 661261.

Nasonex for children

Nasonex Aqueous Nasal Spray (mometasone furoate) has been approved for use in children aged six to 11 as a once daily treatment of symptoms of seasonal allergic or perennial allergic rhinitis.

Schering-Plough.

Tel: 01707 363636.

MEDICAL MATTERS

Frequent insulin dosing best for pregnant women

Giving insulin four times a day rather than twice a day improves glycaemic control in pregnant women and reduces the risk of complications in the baby.

Diabetes mellitus can lead to morbidity in mother and baby, and good glycaemic control is essential. The most widely used regimen in pregnant women with existing diabetes (pregestational diabetes), and women who develop diabetes during pregnancy (gestational diabetes), is insulin twice daily - two-thirds of the total daily insulin given in the morning and a third given in the afternoon.

However, glucose levels are not always well controlled and post-prandial hyperglycaemia and nocturnal hypoglycaemia are often likely.

In a new study in the *British Medical Journal*, Israeli researchers compared the effects of two insulin dose regimens on maternal glycaemic control and perinatal outcome. They

randomised 138 women with gestational diabetes and 58 women with pregestational diabetes to receive insulin four times daily, and 136 women with gestational diabetes and 60 with pregestational diabetes to receive insulin twice daily.

The four times daily regimen consisted of three doses of regular insulin before meals and an intermediate insulin dose before bedtime. The twice daily regimen consisted of a combination of regular and intermediate insulin in the morning and evening.

The results showed the four times daily regimen produced better glycaemic control than the twice daily regimen, and led to a lower rate of perinatal complications.

The authors conclude that changing to a more frequent dosing regimen produces better outcomes. Although it involves two more injections each day, this is compensated by the fact that only one type of insulin is used.

Near patient H pylori tests need validation

Near patient tests for detecting *Helicobacter pylori* infection in primary care need to be validated before they are adopted into any management policy for dyspepsia, say researchers in this week's *British Medical Journal*.

Using FlexSure (SmithKline Diagnostics) as an example, researchers at Nottingham University found the test to have a lower sensitivity compared to another enzyme-linked immunosorbent assay used previously in secondary care.

The authors are concerned that this may lead to underdiagnosis, and to patients missing out on effective eradication treatment. The attraction of such tests has been the speed of results, allowing early initiation of treatment.

The results from this study and others show that current tests are not sufficiently accurate to be used safely for a strategy of testing and referring positive patients for endoscopy.

Use of ACE inhibitors on the up in heart failure

The use of angiotensin converting enzyme inhibitors in the management of heart failure is on the increase, according to the latest *Health Statistics Quarterly* from the Office for National Statistics.

Between 1994 and 1996, the percentage of patients with heart failure who were prescribed an ACE inhibitor rose from 40 to 51 per cent in men, and 28 to 36 per cent in women. Recent management guidelines advocating

wider use of these drugs in heart failure are thought to have had an impact on prescribing in general practice.

In 1996, the age-standardised prevalence of heart failure was 9.7 per 1,000 males and 8.2 per 1,000 females. Prevalence in the 55-64 age group was 15 per 1,000, rising to 176 per 1,000 in men aged 85 and over and 186 per 1,000 in women aged 85 and over.

The *Health Statistics Quarterly* also looked at the health of older people.

In 1996, a fifth of men and women aged over 65 were being treated for hypertension, and a fifth of men and one-eighth of women were being treated for coronary heart disease.

Around a third of prescription items for men and a quarter of those for women were for the management of cardiovascular system disorders.

Health Statistics Quarterly 4 (Winter 1999). The Stationery Office. Price £20. ISBN 0 11 621122 9.

Only you can recommend a unique formulation
for colds and flu.



Special treatment. It's what the Lemsip Pharmacy range is all about.

Lemsip Pharmacy Powercaps give you a unique formulation to offer your customers 12 hour cold and flu relief.

For customers who prefer a hot drink, Lemsip Pharmacy Power+ Paracetamol, as part of a unique pharmacy branded range, means you can expect increased customer loyalty and long-term business.

Both have helped establish Lemsip as the No 1 selling cold and flu product in pharmacy.¹

Powerful reasons to recommend Lemsip, the only pharmacy branded range.



Powerful medicine that works for you.

LEMSIP PHARMACY POWERCAPS ESSENTIAL INFORMATION

Ingredients: Ibuprofen Ph.Eur 300 mg and pseudoephedrine hydrochloride BP 45 mg per capsule. **Indications:** For the relief of symptoms of heavy cold and flu, including relief of aches and pains, headache and sore throat, relief of nasal congestion or a runny nose, lowering of fever. **Dosage Instructions:** Adults and children 12 years and over: two capsules. Swallow whole with water. Do not repeat the dose more than once in 24 hours. No more than one dose in 24 hours. **Contraindications:** Severe coronary disease. Severe hypertension. Current receipt, or receipt within the last two weeks, of therapy with monoamine oxidase inhibitors. Active peptic ulceration. Hypersensitivity to ibuprofen,

pseudoephedrine or any other ingredient. Hypersensitivity reactions to ibuprofen, aspirin or any other NSAID, including asthma, angioedema, urticaria or rhinitis precipitated by these drugs. Children under 12 years. **Precautions and Warnings:** The decongestant effect increases gradually after the first dose and may continue for up to 15 hours after the last dose. To be used with caution by patients with hepatic or renal dysfunction. Ibuprofen - to be used with caution by patients who are asthmatic. May increase prothrombin times in patients receiving anti-coagulants and may reduce the effects of diuretics. Pseudoephedrine - to be used with caution by patients with hypertension, heart disease, hyperthyroidism, hyperexcitability, phaeochromocytoma, prostatic enlargement, closed angle glaucoma or diabetes. May adversely interact

with antihypertensive agents or tricyclic antidepressants or other sympathomimetics, such as nasal decongestants, appetite suppressants or amphetamine-like psychostimulants, to cause a rise in blood pressure. Pseudoephedrine may partially reverse the hypotensive action of drugs which interfere with sympathetic activity, such as bethanidine or methyl dopa. If symptoms do not improve after three days, consult your doctor. The product should be used in pregnancy only if the benefits outweigh any possible risk. **Side-Effects:** Ibuprofen - may precipitate bronchospasm and induce asthma attacks in susceptible patients. Unwanted effects are uncommon in short-term use at low doses. They may include dyspepsia, gastrointestinal intolerance and bleeding, skin rashes. Thrombocytopenia and agranulocytosis have very rarely been

reported. Pseudoephedrine - adverse reactions are uncommon, but dry mouth, anorexia, urinary retention in men, skin rashes and symptoms of CNS excitation such as tension, restlessness, sleep disturbance or hallucinations may occur rarely. **Retail Price:** 10, £3.09. **Marketing Authorisation:** 0063/0098 **Supply Classification:** Pharmacy Medicine. **Holder of Marketing Authorisation:** Reckitt & Colman Products Limited, Dansom Lane, Hull, HU8 7DS **Date of Preparation:** August 1999. Lemsip, Powercaps and the sword and circle symbol are trade marks

Reference: 1. Information Resource Total Chemists MAT Value Share Feb 99. Reckitt & Colman Products Limited

Counterpoints

Throat lozenges with echinacea

Health Imports is launching a new range of cough and throat lozenges with herbal extracts into health food shops and pharmacies.

Herbon lozenges combine echinacea with other herbs. Formulated by herbalist Dr Terry Willard, the lozenges were voted 'Best New Product' (non food) by health food retailers at the

recent Northern Health Show.

The lozenges (rsp £1.95, 18) are available in four variants - Lemon Honey, Wild Cherry, Glacial Mint and Adventurous Tingle with a Hint of Orange, which combines liquorice, menthol and propolis with 250mg of echinacea.

Health Imports.
Tel: 01274 488511.

Something for smokers to chew on

Cedar Health is launching a new gum in its Nicobrevin range to help with the habitual side of giving up smoking.

Each piece of gum contains 30mg vitamin C (50 per cent RDA), 50mg camomile and 50mg passiflora. Camomile and passiflora are traditionally thought to have calming, anxiety relieving properties.

Cedar Health recommends that the

gum should be used in conjunction with the Nicobrevin 28-day nicotine-free capsule course.

Each pack of gum contains ten pieces and retails at £2.45. Trade price is £17.51 for 12 packs.

A free counter display unit is available with the first case of Nicobrevin Gum.

Cedar Health.
Tel: 0161 483 1235.

More herbal choice from Höfels

Seven Seas Health Care is launching three new licensed herbal products in its Höfels range.

The new combinations are White Willow & Burdock for rheumatic complaints, Passiflora & Wild Lettuce for sleep problems and Valerian & Gentian for stress.

The company has developed these combinations to increase consumer choice and help broaden the current herbal market.

Retail price is £3.99 for 30 tablets.

A £1 million marketing programme for the Höfels range is planned to drive awareness, trial and bring new customers to the pharmacy.



A winter press advertising campaign will appear in women's magazines and national newspapers starting in the New Year.

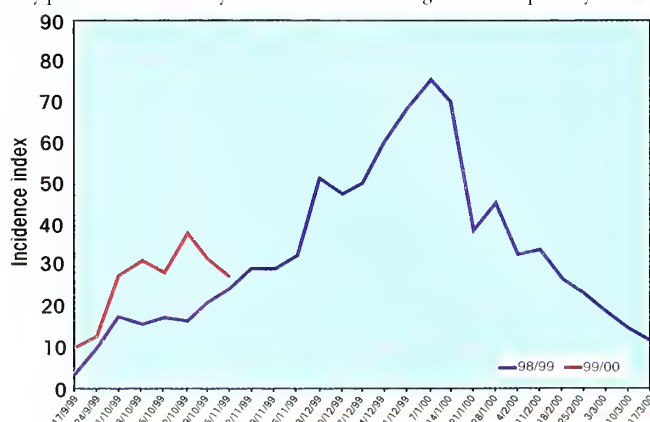
● According to industry estimates, the UK herbal market is growing annually at a staggering 80 per cent. A recent ICM survey shows that 21 per cent of people use complementary medicines in the UK.

Seven Seas Health Care Ltd.
Tel: 01482 375234.

Cough, cold & flu FORECAST

Information updated weekly by SDI

Bristol, Leeds and Norwich remain on 'pre-alert' this week, but across the country the incidence of colds and respiratory illness has fallen for the second week in a row. After an early peak, levels in most areas are now at a similar level to last year, but with a downward trend which has been helped by recent mild weather. The incidence of coughs and colds has dropped sharply in recent weeks in Bristol, Birmingham, Newcastle, and Norwich after an early seasonal surge, while levels in Leeds, London, Manchester and Glasgow have stayed largely the same after the early peak. Leeds is the only area where there is a high risk of respiratory illness.



SPONSORED BY



MARKET STATUS

ADVISORY

Numark launches cholesterol test

Numark has launched its own-brand Home Cholesterol Test kits for consumers.

The kit uses finger prick blood to detect whether the patient has a 'desirable', 'borderline-high' or 'high' cholesterol profile. The test, which

retails at £6.99, takes three minutes to administer.

Numark is supporting the launch with a regional and national PR campaign.

Numark Ltd.
Tel: 01827 69269.

Dysmotility awareness campaign

Johnson & Johnson MSD Consumer Pharmaceuticals is supporting its Motilium 10 treatment for dysmotility with a new campaign.

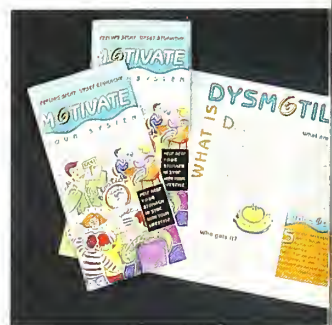
A new dysmotility awareness helpline and leaflet is being launched for consumers. The aim of the campaign is to educate people about the condition and to provide information about the treatment available from pharmacies.

The helpline (020 7978 4100) explains what dysmotility is, what the symptoms are, what causes the condition and how to relieve the problem. The helpline will be promoted through the national media and will be available 24 hours a day, seven days a week.

The leaflets will be promoted via

the media and are available to pharmacies on request. A consumer questionnaire is included in the leaflet to identify cases of dysmotility.

Johnson & Johnson MSD Consumer Pharmaceuticals.
Tel: 01494 450778.





Whichever way you look at it

we're committed to Meltus in Pharmacy

This winter sees our biggest Meltus campaign ever, with our 7th consecutive year on TV, and again a cat plays a role your customers will remember.

In fact, last year's campaign drove consumer purchases up by 25%* - and this success is set to continue.

Meltus continues to be the fastest growing major cough brand in Pharmacy** offering effective relief for the whole family. And we remain committed to pharmacy by offering you excellent profit deals all year round.

So whichever way you look at it, Meltus is the cat's whiskers.

MELTUS

Helps Melt Away Coughs - **Fast**

SSL International plc

Meltus is a Trade Mark of Seton.



ADULT MELTUS EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral liquid. Each 5ml contains: 100mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, 1.75g Sucrose BP, 0.5g Purified Honey BP. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, colds and mild throat infections. **Dosage and Administration:** Adults and Children aged 12 years and over, one or two 5ml spoonfuls to be taken and swallowed slowly every three or four hours. Not recommended for children under 12 years. **Contraindications, Warnings etc:** Contraindications: None known. Warnings: Not suitable for children under 12 years. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. **Use in pregnancy and lactation:** No known contraindications. **Side effects:** None known. **Legal Category:** GSL. **Packs:** 100ml and 200ml. **Price:** 100ml RSP £3.05, 200ml RSP £4.49. **PL Number:** 0338/5026R. **PL Holder:** Cupol Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** September 1999. **Further information is available on request from SSL International plc, Tubitan House, Oldham OL1 3HS.**

JUNIOR MELTUS SUGAR & COLOUR FREE EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral Liquid. Each 5ml contains: 50mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, Alcohol. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, cold and mild throat infections. **Dosage and Administration:** To be taken three or four times daily. Children over 6 years: Two 5ml spoonfuls. Children 1-6 years, one 5ml spoonful. Children under 1 year: On medical advice only. **Contraindications, Warnings etc:** Contraindications: None known. Warnings: Children under one year on medical advice only. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. This formulation is not suitable for adults. **Side effects:** None known. **Legal Category:** GSL. **Packs:** 100ml. **Price:** RSP £2.75. **PL Number:** 0338/0086. **PL Holder:** Cupol Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** September 1999. **Further information is available on request from SSL International plc, Tubitan House, Oldham OL1 3HS.**

* Taylor Nelson Sofres Counterpoint season 98/9 vs season 97/8. ** Independent Audit MAT June 1999

Mr Itch and Mrs Soothe promote new E45 cream



Crookes Healthcare is supporting the launch of its E45 Itch Relief Cream with a new promotional programme targeted at eczema sufferers and their parents.

Mr Itch and Mrs Soothe characters have been designed to help parents help their children understand more about eczema and how to manage the condition. The characters were created by children in a nationwide competition in *Art Attack* magazine.

Mr Itch and Mrs Soothe will visit dermatology hospital units, exhibitions and children's events. They will also appear in a children's book about eczema to be published in the New Year.

A booklet about eczema entitled the 'Itch Free Guide to Life' will be available for pharmacies to pass on to customers from mid-December. The booklet is designed to help consumers understand more about the managing itchy skin and eczema. An advertising campaign is running in the nursing press until December. **Crookes Healthcare Ltd.**
Tel: 0115 953 9922.

IN BRIEF

Canesten Oasis enquiries

Enquiries about Canesten Oasis (C&D November 6, p14) should be made to Ceuta Healthcare on the following telephone number:

Ceuta Healthcare Ltd.
Tel: 01202 780558.

UniChem VMS own-brand offer

UniChem has introduced a special introductory offer for its own-brand vitamins, minerals and supplements range. Throughout November, UniChem is offering 25 per cent off its VMS range. The eye-catching products are colour-coded for easy selection. Free PoS material is available and split packs can be ordered across the range.

UniChem Ltd.
Tel: 020 8391 2323.

Colgate Whitening to include microcrystals

Colgate-Palmolive is introducing a new formulation and pack design for its Colgate Whitening toothpaste.

The product now incorporates microcrystals to provide 'a gentle approach to healthy white teeth'.

A new pack design highlights the formula change with the words 'new with microcrystals' flashed in a silver hologram ring.

The Colgate logo has been revitalised to give a more modern

feel and a new ribbon swirl communicates variant information.

Colgate Whitening will be supported with a £4.6 million marketing programme next year including TV advertising and awareness/trial building promotional activities.

● The new pack design will be gradually phased in across the entire Colgate toothpaste range starting with Colgate Whitening, Colgate

Cavity Protection and Colgate Triple Cool Stripe this month. Other

packs will be updated in 2000. **Colgate-Palmolive Ltd.**

Tel: 01483 302222.



Winners at the Mother & Baby awards

For the fourth year in a row Calpol has won a gold award for the best pharmaceutical product, as voted by the readers of *Mother & Baby* magazine.

Suppliers and manufacturers of baby products gathered in London for the annual awards ceremony last week.

Winners were as follows:

- best safety or hygiene product went to Huggies Little Swimmers
- best babyfood and drink to Hipp Organics, with Milupa Biscuits taking the Silver
- best disposable nappies were Huggies Air Dry Ultra
- best skincare product or range to Superdrug baby range
- best baby wipes to Johnsons One Touch Baby Skincare Wipes
- best sunscreen product to the Noddy

& Toyland range from Fenton Pharmaceuticals. Silver in this category went to Johnson Suncare SPF35

- best baby clothing was won by Boots UV Sun Protection range
- best innovative product to Pampers Care mats
- best nursery product went to Sengenix Nappy Disposal system from Jackel International
- best retailer of the year was Boots the Chemists
- award for excellence to Kimberly Clarke for Huggies
- best pharmaceutical product, an award sponsored by Lloydspharmacy, went to Calpol.

Winner of the child-friendly Pharmacy of the Year was John Moran of Moran Pharmacy in Edinburgh.

ON TV NEXT WEEK

Aquafresh Active toothpaste: All areas except U, CTV, C4, GMTV

Askit: STV, C4 (Scot), C5 (Scot), GMTV (Scot)

Beechams: U

Calpol: All areas except U

Sensodyne toothpaste: All areas

Solpadeine: U

Zovirax: LWT, ITV, C4, C5, Sat

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

NICOTINELL® FRUIT & MINT, 2mg & 4

All contain nicotine. **Presentations:** Nicotine chewing gum containing 2mg and nicotine, in fruit and mint flavours.

Indications: Treatment of nicotine dependence as an aid to smoking cessation. **Dosage**

Administration: Stop smoking completely when starting treatment. The 4mg gum is particularly suitable when severe withdrawal symptoms are experienced. One piece of gum to be chewed when the user feels the urge to smoke. Normally, 8-12 pieces per day up to a maximum of 25 pieces of 2mg per day or 15 pieces of 4mg gum per day. After 3 months, the user should gradually cut down the number of pieces chewed. Avoid drinking 15 minutes before chewing the gum.

Contra-indications: Non smokers, occasional smokers, children under 18 years. As with smoking, Nicotinell is contra-indicated in acute myocardial infarction, unstable or previous angina pectoris, severe cardiac arrhythmia, recent cerebrovascular accident, pregnancy and breast feeding. **Precautions:** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, liver or hepatic impairment, peptic ulcer or gastric irritation. Keep out of the reach of children.

Side Effects: Smoking cessation may cause many withdrawal symptoms. Events which may be related to smoking cessation include headache, sleep disturbances and gastro-intestinal disturbances. May cause throat irritation, hiccupping, minor indigestion or heartburn.

Interactions: Smoking may increase the metabolism of some medicines. The dose of these medicines may require re-titration after smoking cessation. **Legal Category:** P.

Price and Licence Nos: Nicotinell 2mg (PL 0030/0110) and Nicotinell 4mg (PL 0030/0112) in packs of 12 £2.75, packs of 48 £8.99 and packs of 96 £17.99.

Nicotinell Fruit 4mg (PL 0030/0111) and Nicotinell Mint 4mg (PL 0030/0113) in packs of 12 £2.75, packs of 48 £9.99 and packs of 96 £17.99. **PL Holder:** Nicotinell Consumer Health, Horsham, RH12 5AB.

of Preparation: August 1999. **Saur:** Nielsen May/June 1999.

FEEL



FREE

TO RECOMMEND THE SUGAR-FREE GUM THAT SUPPORTS PHARMACY

Nicotinell is the fastest growing brand within the gum market.

Taste preferred by 7 out of 10 committed quitters.

Nicotinell is dedicated to continue the growth of the
pharmacy smoking cessation market.

£5 million heavyweight advertising campaign.

The
Nicotinell[®]
Stop Smoking Programme

Helps your customers set themselves free from smoking

For further information contact
Novartis Consumer Health on 01403 323953

www.nicotinell.co.uk



Team spirit for Adidas toiletries range

Coty is launching a fifth variant in its Adidas male toiletries range.

Adidas Team is a masculine, modern fougere fragrance with top notes of fresh grapefruit and aromatic juniper berry. It has citrus middle notes and a dry, woody base.

A 50ml aftershave retails at £5.95. The fragrance is also available in body spray deodorant, anti-perspirant deodorant and shower gel, which all retail at £2.49.

The launch will benefit from a £4 million marketing spend behind the Adidas toiletries brand.

Sampling activities are taking place in town centres and at sporting events.

Coty (UK) Ltd.

Tel: 020 8971 1300.

In the picture for the new millennium

ColourCare is promoting photographic sales with a series of special offers during the festive season.

From December 13 until January 28 there will be £1 off an extra set of

Powerful promotion for rechargeable toothbrush

Braun Oral-B is introducing a new promotion in its power toothbrush range in time to help retailers boost Christmas profits.

The D7 Solo Timer rechargeable power toothbrush, which usually retails at £29.99, will be promoted at approximately £14.99.

The promotion is designed to help encourage manual toothbrush users to trade up into the power toothbrush market.

● The rechargeable power toothbrush category is the fastest growing segment of the UK total oral care market, which Braun Oral-B leads with an 80 per cent volume share (GfK Retail Audit September 1999).

Distributor: Mascho plc.

Tel: 020 8204 2224.

Precious metals from Miners International

Miners International is introducing a new range of shimmering metallic eye shadows.

Megadust Supashine Eye Shadow is available in six shades - Pearl Shine, Silver Sparkle, Golden Glow, Naked Flash, Cinnamon Sheen and Graphite

Glimmer. Retail price is £2.49.

● Miners is also launching Lip Pout - a clear, roll-on lip gloss formulated to protect the lips as well as giving lustrous shine. Packaged in a frosted tube, the product retails at £1.99.

Miners International.

Tel: 01264 325500.



This treatment deals with the irritating effects of stubborn dandruff.

The Polytar part of Polytar AF has long been trusted to treat itchy, flaky scalp conditions.



Polytar AF. Presentation: Polytar AF is a medicated scalp treatment containing the following active ingredients: 1% w/w and Zinc pyrithione 1% w/w in a shampoo base. **Uses:** For the topical treatment of scalp conditions such as dandruff, seborrhoeic dermatitis and psoriasis. **Dosage and administration:** Shake the bottle before use. Wet the hair

and massage Polytar AF into the hair, scalp and surrounding skin. Leave for 2-3 minutes, then rinse thoroughly. Use three times weekly for at least 3 weeks or until the condition clears. Prophylaxis for seborrhoeic dermatitis and dandruff: use P weekly. **Contra-indications:** Polytar AF should not be used by patients with known hypersensitivity to any

Make-up remover from the Dead Sea

Ahava UK is introducing a new make-up remover in its Dead Sea minerals range of face, hair and bodycare products.

Advanced Make-Up Remover is suitable for all skin types and is designed to remove

all forms of make-up.

It is formulated to permeate deep into the pores to lift out make-up residue leaving the skin feeling fresh and clean.

Retail price is £13.25 for 150ml.

Ahava UK.

Tel: 01452 864574.

US Innomed comb gets to grips with head lice

Parkside Healthcare is introducing a new US head lice comb in the UK.

The Innomed Lice Comb is designed to remove nits as well as head lice.

The white comb features ultra fine nickel silver teeth, a durable handle and a built in five x magnifying lens to help detect head lice and nits. The tooth section can be pulled out for cleaning.

A leaflet and instructions are enclosed with the comb.

Retail price is £4.99. Trade price is £2.99 for a special introductory period (normal trade price will be £3.30).

Parkside Distribution Centre.

Tel: 0161 795 2792.

Romantic gifts to celebrate Valentine's Day

H Bronnley & Co will introduce two limited edition gifts especially for Valentine's Day 2000.

Cupid's Romantic Alphabet Tin (rsp £2.95) features the most frequently used letters in the alphabet drawn on its lid, ensuring each gift is personalised. Each tin contains a Pink Bouquet heart shaped soap (40g) in a layer of red tissue.

Egg-shaped Bronnley soaps (100g) in an assortment of popular fragrances have been encased in an imitation Faberge egg, which retails at £5.25.

Both products will be available from January

H Bronnley & Co Ltd.

Tel: 01280 702291.

Byng takes a new angle on toothbrushes



Paul Murray is adding two new toothbrushes to its Byng oral care brand.

The angled handle toothbrush features a diamond shaped head, non-slip handle, zig-zag bristles and rounded tips. A pack of three brushes retails at £0.99.

The junior toothbrush has an angled neck, diamond shaped head, zig-zag bristles and rounded tips. Retail price is £0.69 for a pack of three brushes.

Paul Murray plc.

Tel: 023 8026 8444.

This treatment
deals with the
cause
of stubborn
dandruff.



The Anti-Fungal part of Polytar AF effectively
controls the yeast that causes problem dandruff.

Precautions and Warnings: Avoid contact with the eyes. For products may cause skin irritation, rashes and rarely, photosensitivity. Paraben may cause dermatitis, should this occur, Polytar AF should be discontinued. Store below 25°C. Legal category: GSL.
Quantity: Polytar AF is available in bottles of 150ml. Basic NHS Price: 150ml £4.40. Product Licence number: 0174/0071

Product Licence Holder: Stiefel Laboratories (UK) Ltd, Holspur Lane, Wooburn Green, High Wycombe, Bucks. HP10 0AU. Full Prescribing Information is available from: Stiefel Laboratories (UK) Ltd, Holspur Lane, Wooburn Green, High Wycombe, Bucks. HP10 0AU. Polytar AF is a registered Trademark. © 1999 Stiefel Laboratories (UK) Ltd

STIEFEL
Research in Dermatology

PF-C9217UK

Don't wait to be asked, says prescribing adviser

It is up to community pharmacists as individuals to convince doctors of their worth, a pharmacist who provides prescribing advice to 27 practices has told colleagues.

Speaking at the latest of the 'Pharmacy in a New Age' roadshows in Taunton, Somerset, Sue Knox said: "Prove you can do the job and do it

well. Why should any GP believe that we are an asset? We have to prove our worth as every other health professional has had to."

She considers herself lucky to have been asked to work with GPs: "GPs have traditionally been sceptical about the role the community pharmacists have to play in prescribing advice.

However, things are getting better: more pharmacists are getting clinical diplomas, and as the doctors see we are skilled in clinical pharmacy, their perception of our skills and knowledge is changing."

But she warned: "What we must understand is that it is up to us, as individuals, to convince doctors of our worth. No-one else can do it for us and we can't sit still and think that the work will come to us. We have to train ourselves and be prepared to push ourselves forward with confidence."

Ms Knox works with the South East Gloucester and Severn Vale Primary Care Groups, which are overspending by up to 4.5 per cent, she told the audience. She suggested that pharmacists should change the mindset that says 'doctors are here to knock us'. One way forward may be to spend a day at the surgery to help understand the doctors' issues and aspects of patient care.

David Donaldson, dispensary manager at Yeovil District Hospital, described a pilot being carried out for discharge patients at the hospital.

This involves a pharmacist talking to patients to assess which medicines they need, and assessing what they already have available to them at home. The pharmacist produces a prescription that is sent to the pharmacy for dispensing and then returned to the ward for the doctor to sign before handing it to the patient.

It is hoped that this project, which has been running since September, will reduce the time spent by discharge patients waiting for their discharge prescription to be issued and then dispensed, freeing up beds for new patients. Doctors are appreciating the service, he said, because their workload is reduced and it has also reduced the 'last minute' pressure on them caused by a delay in receiving the original prescription.

ties have advance payment schemes for expensive items. It may also be possible to ask the HA for an advance of payment once notification of the amount is received. "We are concerned and are in regular discussion with the pricing authorities," he stressed.

Mrs Brown has been in contact with Welsh Assembly officers who, she says, are considering writing to contractors with a letter that could be shown to bank managers to explain some of the factors affecting cash flow.



Pictured at the PIANA roadshow are (from left) stress management expert Michael Bland, dispensary manager David Donaldson, national PIANA co-ordinator Anne Adams, pharmacist Sue Knox and RPSGB head of professional and scientific support Roger Odd

Payments delayed by 100 days

Final settlement for the monthly prescription payment is now taking up to 100 days and is causing concern for pharmacy contractors in Wales.

Last week, *Chemist & Druggist* was contacted by a contractor who was not expecting her final payment for July prescriptions until November 4. Although '100 per cent' interim payments are being made, she said the final adjustments can vary by several thousand pounds, which is preventing any proper cash flow forecasts.

Problems stem from the Category D list, which is causing increased work for the Prescription Pricing Authority. "We should have had our final settlement for July on October 1," independent contractor Gail Brown of Rossett Pharmacy, North Wales, said on Monday. However, the health authority was only told the previous week that it may receive notification by the following week.

Mrs Brown, a member of the local pharmaceutical committee, hopes that by raising the issue other pharmacists will be better informed of the situation. "We get very little feedback and it

is very, very frustrating. Why should we be the ones to be disadvantaged?" she asked.

Essential small pharmacy scheme payments are also considerably behind, as health authorities normally reserve the payment until final figures are released.

Pharmaceutical Services Negotiating Committee financial executive, Godfrey Horridge, expressed sympathy for contractors, but warned that the situation "is going to go on for many months".

There is some hope, however, as the Welsh Central Pharmaceutical Committee is to meet Welsh Assembly officers on November 22 to discuss advance payments. It is hoped that several options will be discussed.

"There is no easy solution, unfortunately," he said, "otherwise we would be pushing for it". It is not a case of recruiting extra staff at the pricing bureaux, he said, as they need six months' training. He said he hoped that the 100 per cent interim payments were helping, and reminded contractors that some health authori-

MOTILIUM 10 - ESSENTIAL INFORMATION

Presentation: Small film coated tablet containing domperidone maleate equivalent to 10 mg domperidone base. **Indications:** For the relief of post meal symptoms of fullness, nausea, epigastric bloating and belching, occasionally accompanied by epigastric discomfort and heartburn. **Dosage and administration:** Adults and children over 16: up to one tablet (10mg) 3 times daily and at night when required. Maximum duration of continuous use is 2 weeks. **Contraindications:** Hypersensitivity to any of the components. Patients with any underlying gastrointestinal pathology, with prolactinoma, or hepatic and/or renal impairment. **Precautions:** Patients who find they have symptoms that persist and are taking Motilium 10 continuously for more than 2 weeks should be referred to a GP.

Interactions: Adverse interactions have not been reported in general clinical use. However, there is the potential to alter the peripheral action of dopamine agonists such as bromocriptine. Domperidone's actions on gastro-intestinal function may be antagonised by anti-muscarinic and opioid analgesics. May enhance the absorption of concomitantly administered drugs, particularly in patients with delayed gastric emptying. **Pregnancy and lactation:** Motilium should only be used during pregnancy on the advice of a doctor. Use by breast feeding women is not recommended. **Effects on driving and use of machinery:** Does not affect mental alertness. **Side effects:** Occasionally transient stomach cramps and hypersensitivity reactions (eg rashes) reported. At higher dosages and longer treatment durations than recommended, a rise in serum prolactin has been reported which may, rarely, be associated with galactorrhoea, even less frequently, with gynaecomastia, breast enlargement or soreness; there have been reports of reduced libido. Domperidone does not cross the normally functioning blood-brain barrier and therefore is less likely to interfere with central dopaminergic function. However, extrapyramidal dystonic reactions, including instances of oculogyric crises, have been reported. Should treatment of dystonic reactions be necessary, domperidone should be withdrawn and an anticholinergic, anti-parkinsonian or benzodiazepine medication should be given. **Treatment of overdose:** If disorientated extrapyramidal reactions or drowsiness follow an overdose, the patient should be closely monitored and treated symptomatically. Administration of gastric lavage and activated charcoal may be helpful. Anticholinergic medication may be useful in many extrapyramidal symptoms. **Price:** £3.95 per box. **Category:** P. **PL:** 13249/0014 **PL holder:** Johnson & Johnson. MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9JY. **Date of preparation:** June 1998.



Whatever your customers call **FEELING SICK** there's one name to remember

Different customers call it different things. But you know it's that 'nausea' feeling. And that the queasy, churning upset stomach symptoms they feel, often after meals, mean their natural stomach's digestive rhythm has slowed, and almost goes into 'reverse'. Which is why you

should reach for Motilium 10. It's the only OTC treatment clinically designed to restore normal stomach rhythm in the right direction to clear the cause of their nausea.* So recommend Motilium 10. Because whatever they call that feeling, that's the one name you should remember.



Johnson & Johnson MSD
Only available through pharmacies. Further information is available from Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF. Tel: 01494 450778.

*Indicated for post prandial symptoms of nausea and other stomach discomfort symptoms of fullness, bloating and belching

**HELPS TO
CLEAR THE STOMACH**



A linctus in a lozenge

Cough syrup may be effective, but it's not always practical is it? That's why New Strepsils Cough Lozenges have been developed. They bring relief to dry, tickly coughs, but are more practical than syrups because of their lozenge formulation.



With their ease of use and fast-acting relief, Strepsils Cough Lozenges are sure to represent a major new profit opportunity for your business. So for a practical cough medicine, make sure you recommend new Strepsils Cough Lozenges.

There is no better relief

Cough lozenge containing Dextromethorphan hydrobromide 2.5mg. **Indications:** For the relief of dry ticklish coughs. **Dosage:** Adults and children over 12 years: A lozenge should be sucked whenever the cough is troublesome. Not more than 10 lozenges should be taken in one day. Children 6 to 12: Not more than 2 lozenges within any 4 hours, and not more than 7 in any one day. Children under 6: Not recommended. The normal adult dose is still appropriate for the elderly. **Contraindications:** Hypersensitivity to any of the ingredients. Patients taking monoamine oxidase inhibitors or within 14

days of stopping such treatment. **Warnings & Precautions:** Do not exceed the stated dose. If symptoms do not go away, talk to your doctor. **Undesirable effects:** Occasional drowsiness, excitation, mental confusion and gastrointestinal disturbances. **Legal Classification:** P. **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. **Licence Number:** PL 00327/0124. **Price:** £2.49 for 24 lozenges. **Date of preparation:** July 1999.



**CROOKES
HEALTHCARE**

Surfing the VMS wave

Life is not getting easier for independent pharmacists in the VMS market. Opening up their own VMS web sites could be one solution, as **Guy L'Aimable** reports

Here's a salutary lesson about muddy statistics. Pharmacies are said to account for around 74 per cent of the £332 million VMS market, while supermarkets lag some way behind with 25 per cent.

Good news, you might think. The bad news is that Boots the Chemists accounts for around 32 per cent of VMS sales through pharmacies, followed by Superdrug with nearly 14 per cent. And the supermarket share is rising.

Independent pharmacists, in contrast, have seen their share fall to 10 per cent. The omens do not look good because another form of VMS distribution is gaining strength: the internet. One estimate suggests there are eight million internet users in the UK, and that figure will escalate quickly as more companies invest in marketing the internet.

In the summer, Patrick Deboyser, then head of the European Union's DGIII (pharmaceuticals and cosmetics), said that the internet would have more impact on European VMS sales than OTCs because VMS products are ideal for 'e-tailing'.

VMS companies dealing through the internet will no doubt use the lack of formal overheads, such as retail premises and staff, to offer lower prices than mainstream VMS outlets. Equally important, such suppliers could use the internet's interactive facility to advise customers about the most suitable products.

Some companies, such as Sandhurst-based Health Perception, have already gone down that route. Peter Black Healthcare is setting up a web site to complement its Nature's Best mail order business and expects to have the site running by summer next year.

The Government, meanwhile, wants to make the UK the centre of e-commerce business by 2002 through its Electronic Communications Bill.

What should pharmacies do? Sue Sharpe, the Royal Pharmaceutical Society's head of professional standards, says they should consider



opening their own web sites for VMS products, complementary therapies and private prescriptions.

Judge your local customer base: for example, how many of your customers have access to the internet? The start-up costs of opening a web site are relatively negligible and the future rewards could be considerable. Your well-earned status as a healthcare professional will obviously attract customers looking for advice.

The Boots Co has already gone down this route with *handbag.com* - its web site designed purely for women. Numark says it will launch a web site with ordering facilities by the second quarter of next year.

Any internet business would obviously complement your in-store trade. A number of independent

pharmacies, unfortunately, are failing to maximise their sales because of poor merchandising. Some pharmacies are addressing the problem with the help of manufacturers. Pontypool-based Mayberry Pharmacy, for example, increased its VMS sales by 30 per cent within one month after taking up Roche Consumer Health's category management initiative. And the pharmacy's staff are improving their product knowledge by using Roche/C&D's training module in vitamins, minerals and supplements.

Merchandising tips

Vitabiotics says 'creative merchandising' is a vital tool for raising VMS revenues. Consumers may not just be looking for a supplement,

but a tailor-made product for their particular needs. Some VMS products may therefore attract more consumers if they were in areas designed for a particular group or aspect of health.

"Supplements for men, for example, may do better if they were positioned with male grooming products," says Vitabiotics. "Innovative shelf positioning can increase sales by 30 to 50 per cent, and improve customer satisfaction levels."

UniChem advises pharmacies to locate their VMS sections near the medicines counter because consumers often need advice. Well known brands could be used to signpost VMS categories, mainly because shoppers tend to scan displays very quickly.

Continued on P22 →

→ Continued from P21

These displays should ideally be merchandised by product, with multivitamins positioned at eye level. Where possible, there should be space on the fixtures to promote VMS 'special offers'.

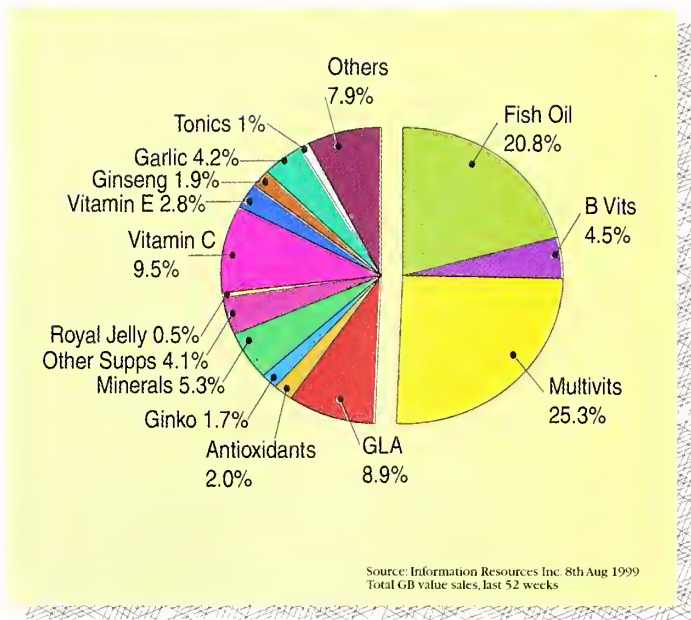
Pharmacists must not neglect their personal role in encouraging VMS sales, according to Stuart Stephen, Peter Black Healthcare's marketing director for brands. "A proactive advisory role by the pharmacist is key - and by strengthening their product knowledge in the field of dietary supplementation, pharmacists can help the customer in a more targeted and personalised way," he says.

One approach, he adds, is to think in terms of your customer's lifestyle needs. A stressed out young executive, for example, may potentially be encouraged to buy ginseng to boost her energy.

Bent Henriksen, managing director of Pharma Nord, says pharmacies could further help their VMS sales by stocking only good quality products from respected manufacturers. "Today, many pharmacies are selling cheap products, which they are having manufactured under their own label and there is no guarantee that the products are well documented and researched," he says. "If they stocked only products which were produced to pharmaceutical standards, it would give much more credibility to the pharmacy profession."

VMS under review

There should be a British standard for all supplements which are over the recommended RDA - these products are already controlled and manufactured to pharmaceutical standards in other countries. "This would ensure that the consumer gets what they pay for and that every tablet and capsule contains what it says on the label. Today, nobody is

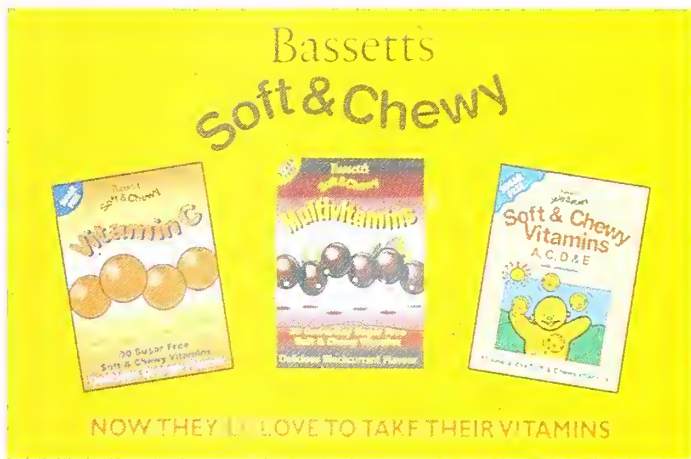


designed to harmonise the various national regulations on VMS products. VMS manufacturers, according to Mintel, would like to see future EU legislation based on a maximum daily intake level. This would be based on scientific evidence and would give manufacturers the option to sell up to this limit and make claims about its efficacy.

Mr Deboyser, formerly specialising in pharmaceuticals and cosmetics, now heads DGII's 'foodstuffs' unit. He doubts whether VMS manufacturers will be allowed to make health claims about their products in future, partly because such claims are forbidden under food labelling legislation. And even if they were not, he adds, such claims would make the product a medicine, and theoretically it could be answerable to the Medicines Law. That would necessitate an amendment to the Medicines Law too.

Mr Deboyser reckons that consumers may not want VMS

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Bassett's Soft & Chewy Vitamins are a sweet alternative to taking vitamins for children and adults

concerned about the quality of the product as long as the labelling on the packaging is correct," he says.

Both the quality and dosage levels of VMS, however, are being closely scrutinised by authorities following the vitamin B scare in 1997; it was claimed at the time that high doses of vitamin B could cause sensory damage to the nerves.

The Government has set up the Expert Group on Vitamins and Minerals (EGVM) to advise the VMS industry about the safety of vitamins and minerals in food supplements. VMS manufacturers and wholesalers generally agree the EGVM is a good idea, providing it has the resources and expertise to do a thorough and scientific job.

Mr Henriksen says the Group should consist of experts and should report directly to health authorities. "Today a lot of this is controlled by the Medicines Control Agency, who do not have the interest of the consumer or the health food industry," he says.

UniChem says the EGVM is a welcome addition to established

advisory bodies that already perform similar functions: the Proprietary Association of Great Britain and the Health Food Manufacturers Association. It adds that the EGVM is trying to be open and accessible, as is shown by the independent observers sitting in on its work.

But it says there is some concern about "whether the results from the Group's review could lead to restrictions on the range of supplements available to satisfy consumers' freedom of choice".

The European Union is drafting a Supplements Directive which is



As sections of the media often take a sensationalist approach to VMS stories, the Health Supplements Information Service has been set up to provide unbiased information. The HSIS is funded by leading health supplement companies



Pharmax' Effico Tonic is a pick-me-up for those feeling run down and listless after a period of illness

Retail per cent share of VMS market

	1998	1999
Boots	33.2	31.6
Grocery	23.6	24.9
Pharmacies/drugstores	15.7	13.9
Superdrug	14.0	13.8
Other health food	7.4	5.9
Holland & Barrett	6.1	9.9

Source: Peter Black Health/AGB

OWN BRAND
50%
OF MARKET

LEADING BRANDS
AND OTHERS

This way for healthy profits

The vitamins, minerals and supplements market continues to show extraordinary year on year growth. Of the £320m market, Own Brand products represent a staggering 50%! UniChem's new range reinforces the excellent opportunity this market offers to independent pharmacy. High quality formulations with eye-catching designs provide real impact on display and all are colour-coded for easy selection. The range provides competitive retail prices, excellent cash margins and healthy PORs. Free point-of-sale is available and split packs can be ordered across the range. To help make sure you get your fair share of vitamin sales, throughout November, we have 25% off with a special introductory offer.*



UniChem
Delivering Healthcare

* See UniChem Promotions Book
or call the UniChem hotline on
0171 371 0404



ERVICE + INNOVATION + EXCELLENCE + PARTNERSHIP

UniChem Ltd., UniChem House, Cox Lane, Chessington, Surrey KT9 1SN. Tel: 0181 391 2323.



Lichtwer Pharma's Kwai garlic tablets, when taken as part of a balanced diet, can help maintain a healthy heart and circulation by keeping cholesterol and blood pressure levels normal



SmithKline Beecham is backing its new Beechams for natural defence zinc and vitamin C, and its Beechams for natural relief echinacea and garlic, with a £1.6m press and poster campaign

→ Continued from P22

products to feature medicinal-like claims.

A huge imponderable, of course, is what will happen to VMS sales if resale price maintenance is abolished. Some VMS manufacturers, according to Mintel, believe the removal of RPM will have little impact on food supplements that are not price maintained. But the companies still fear the pharmacy sector will suffer.

The long-running RPM saga has fuelled an expansion of own-label VMS products that are much cheaper than branded equivalents. Own-label brands currently account for 45 per cent of the market by value, according to Mintel, and that figure will rise to 60 per cent in two years.

Such trends are forcing VMS

prices down and cutting into potential retail margins.

RPM issues aside, Mintel believes consumer demand for VMS products will grow because of demographic changes. Older consumers - those aged over 45 - have traditionally bought far more VMS products than youngsters. The number of people aged 55-64 is set to grow nearly 13 per cent between 1994 and 2002; those aged 35-44 will grow 18.5 per cent; while the population of 45-54-year-olds will grow 6 per cent.

While the ageing population will spur VMS sales, Mintel reckons that 35-44-year-olds, some of whom may be starting families and juggling their work with their busy personal lives, could increasingly turn to VMS products to maintain their health.

One in five of all households currently keep multivitamins and single vitamins - 34-44-year-olds are the most likely users. Single supplements are popular with lower age groups (25-44-year-olds), and while women are more likely to buy VMS products than men, the latter tend to favour supermarkets for their purchases.

Mintel is optimistic about the future of VMS sales in the UK. At current prices the market is expected to grow 6 per cent in real terms to £435 million in 2003. Most of the impetus, however, will come from dietary supplements, whose sales are expected to rise by 9 per cent in real terms. Vitamin sales will remain virtually static.

The market researcher offers some comfort to pharmacists: "Chemists may claw back some share from the health food trade's business. This will happen as chemist chains work towards encouraging pharmacists out from behind the counter to offer advice, and the Government puts particular onus on preventative treatment and pharmacists' role in that treatment."



Seven Seas' new, advanced formula Multibionta multivitamin is being backed by a £3 million advertising and promotion campaign

Olympian progress

One company led by a well-known sportsman is making its mark in the cut-throat world of supplements

You would have thought a former world class swimmer with 14 world, Olympic, European and Commonwealth medals would have little problem convincing trade buyers about the usefulness of supplements; particularly as they played a part in his own training. Not so, says David Wilkie, managing director of Health Perception (HP), a specialist in natural supplements that celebrates its tenth birthday this year.

"I remember one pharmacy buyer saying I was her hero when she was younger, but she never let that on until she left the vitamins division because she didn't want to be influenced by me," he says.

Such sensitivity about 'hero worship' meant that HP often had to show buyers that its products were clearly better than the competition. And although the company is firmly established now, Mr Wilkie says it still has to fight to get buyers' orders. Osteopro, one of its latest supplements, is a guard against osteoporosis and is listed in major pharmacy/drug multiples. But it does not have 100 per cent distribution "...because it's getting tough out there. Shelf space is limited, there are a lot of new products and own brands are growing stronger," he says.

Still, its current position is a far cry from the early days, when Mr Wilkie set up HP with his wife, Helen, and ran the operation from their home. One of its first products was glucosamine, an amino sugar that helps human joints to rebuild themselves. Mr Wilkie first heard about the compound in 1975 when he was swimming competitively and, in the US, was covering around 800 lengths a day in training. "This puts a lot of pressure on your back because you're turning all the time and pushing off. I had to go to the

chiropractor all the time and, one day, he told me about glucosamine."

Mr Wilkie was already taking beta-carotene, vitamin C and E supplements to boost his immune system - Americans have always been far more aware of the efficacy of supplements than the British - but he did not latch onto the commercial potential of supplements until his swimming career was over.

In 1984 he met Professor Harry Demopoulos, a pathologist who had noticed how oxidation, pollution and smoking affected bodies, and had developed high dosage, combination antioxidant vitamins to prevent this damage. US athletes had been taking his vitamins for one year and, in the 1984 Olympics, won 80 per cent of the medals.

Mr Wilkie was impressed with the results. Around four years later, when he was looking to set up a business, he decided to move into supplements. He already knew something about them and they would not involve too much capital.

At first, he set up Health and Body Products, which acted as the UK subsidiary of Prof Demopoulos' products, such as antioxidants, pure vitamin E and glucosamine.

But the products, although excellent, were too expensive and few consumers at the time understood the benefits of antioxidants. "You talked about free radicals to the health trade and they had no idea - they thought free radicals were a new political party," says Mr Wilkie.

Distribution was difficult and sales sluggish. Mr Wilkie decided to cut his losses and set up his own company, using his experience of supplements, and Prof Demopoulos' advice as a base. Health Perception was born.

From the outset, Mr Wilkie says he did not want to compromise quality

Continued on P26 →



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→ Continued from P24

for the sake of price. HP sourced most of its products from Legosan, a Swedish manufacturer which is obliged under local law to produce vitamins in pharmaceutical-grade plants.

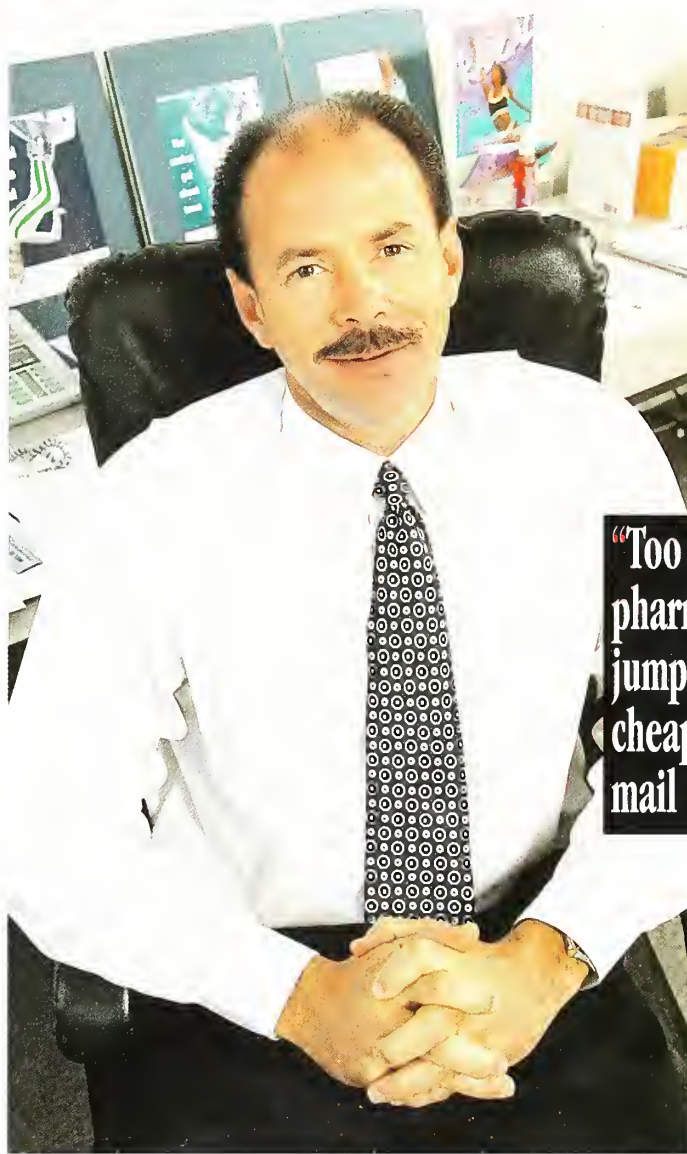
HP's initial range was glucosamine, Seredrin, a supplement that helps maintain the body's circulation, Ginkgo supplement, and antioxidants. Having obtained funding from a bank, Mr and Mrs Wilkie set to work on a shoestring budget. Like many fledgling companies, times were hard at first - HP lost money for three years because the couple were pumping its revenue back into the company. In a typical year HP would register a loss of £30,000 on a turnover of £500,000.

The couple decided to turn "professional" and to hire companies to do their advertising and PR. In 1995 they launched glucosamine because they knew that researchers in Italy and Germany were publishing the results of clinical studies on the compound. These studies would provide hard evidence about its efficacy.

The rest, as they say, is history. Sales began to grow in 1995 and are currently estimated at around £3 million, yielding profits of about £360,000. HP now has 11 staff which includes three sales people. It recently moved from Winkfield Row in Berkshire to new offices in Lakeside Business Park, Sandhurst.

It helps that both consumers and healthcare professionals are more aware of VMS products. A few weeks ago, for example, Mr Wilkie's local GP recommended that he buy vitamin C and zinc to combat an irritating tickly throat.

Doctors still need evidence about the usefulness of supplements, according to Mr Wilkie, which is what HP is trying to give them. It has just finished a six-month, double-blind, placebo controlled clinical trial on glucosamine at St Peter's Hospital in



David Wilkie, Health Perception's managing director

Chertsey. And it will conduct a similar trial on Seredrin at the University of Dundee. HP recently developed a glucosamine topical application - a gel that is rubbed on - in conjunction with the University of Brighton.

"The way forward for companies like us is to research - it's expensive, but it shows we're willing to put our money behind our products," he says.

And the way forward for

pharmacies, whose share of the VMS market has been steadily eroded at the hands of supermarkets, own brands and mail order, is to take advantage of their professional status.

Too many pharmacists, according to Mr Wilkie, are jumping into the cheaper end of the VMS market to combat mail-order companies. But inexpensive products are unlikely to work as well as high price alternatives. And if the customer finds

a product does not work, he or she is unlikely to buy it again.

"Supplements are very price sensitive, but there has to be a point where they are either way too expensive, and a point where they are affordable without compromising on quality," he says.

A customer may pay more than £1 for a cup of coffee, he adds, but a pack of 90 glucosamine products would retail at £19.99 and would last around two months. That works out at about 20 pence a day.

Pharmacists could further help their cause by merchandising their supplements better. Too many of them, he says, list just one type of

"Too many pharmacies are jumping into the cheap end to combat mail order firms"

supplement on the shelf. "I don't think that gives the consumer any real confidence in that product. If pharmacists are serious about their supplement

range, they should display that to the customer by having a range of supplements, perhaps stocking them in a dedicated area, instead of dotting them around the pharmacy," he says.

And in that dedicated area pharmacists and their staff could give advice about the supplements, and display leaflets.

So what does the future hold for HP? Its glucosamine gel will be ready at the beginning of December, and the company has high hopes for a new garlic supplement, which should be ready early next year.

HP is also expanding its exports - it already has a presence in Norway, Scandinavia, France, South Africa and the Middle East - and it recently set up a web site that can take orders online.

Having earned numerous plaudits as a swimmer, Mr Wilkie wants the limelight again as a world-class supplement specialist.



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A hearty launch from Vitabiotics

Cardioace is the latest supplement from Vitabiotics, the most comprehensive, research-based formula available to help maintain a healthy heart and circulation. Initial product sales have been excellent and there has been a high level of repeat purchase. September saw the first wave of a comprehensive national advertising schedule, including a London Underground Campaign which has helped to drive sales upwards.

Formulation through research

Maintaining a healthy heart is a key health issue for the nation. Closely developed alongside leading nutritionists, the comprehensive Cardioace formula has been completed on the evidence of over 200 published papers. In fact, Cardioace is the first and only supplement in the UK to combine the benefits of Omega-3 fatty acids with garlic, antioxidants and five important trace minerals.

Two capsules of Cardioace provide 800 mg of Omega-3 fish oil, selected from a deep sea environment for maximum purity. This rich source of EPA and DHA has been shown to play a significant role in regulating blood pressure and cholesterol levels.

Each capsule also provides vitamin B12 and folic acid - deficiencies in either being associated with high levels of blood homocysteine - as well as garlic powder, shown to help maintain healthy cholesterol levels with a unique OdourMask system.

Natural vitamin E has also been shown to be significant in the maintenance of cardiovascular health, and is therefore an important element of Cardioace. A 1996 study of 2,000 people demonstrated it had a significant protective effect on the heart.

Anti-oxidants and micro-nutrients such as vitamin C and zinc are also included in suitable quantities for them to function synergistically.

Formulation for an ageing population

Maintaining cardiovascular health is a number one priority in the UK, and with an ageing population the numbers wishing to protect their heart or circulation can only increase. Prevention measures are increasingly popular, with consumers now spending £1m per day on supplements.

Robert Taylor, Marketing Director for Vitabiotics, explains: "Diet and exercise are both important areas which people know they can influence to make a positive contribution to their own health. But because there are so many separate supplements on the market like fish oils, garlic and various vitamins and

minerals, it can often be confusing for those trying to achieve the right balance

"Cardioace helps take the guesswork out of putting together the appropriate combination of key nutrients. It provides the nutritional building blocks for heart health, helping the body maintain levels of nutrients which can also help balance cholesterol levels."

Launch

Targeted at the over 40s, the Cardioace launch is supported by a £400,000 consumer advertising campaign in general interest magazines and on the London Underground.

Vitabiotics is a respected force in the VMS market, with number one brands including Osteocare, Pregnacare, Menopace and Perfectil, along with its other supplements aimed at men's health and eyecare. Vitabiotics'

robust approach to marketing resulted in a 47% increase in sales during the first half of 1999.

It is envisaged that Vitabiotics' reputation for well-formulated and effective supplements will help initial sales of Cardioace, which features lively orange packaging, a clear product descriptor and a healthy, hearty image of two people running along a beach.

Cardioace is packed in 4s, with a retail price of £5.95.

For further information, please contact:
Robinson Healthcare Ltd.
Telephone 01246 220022.

Cardioace will be most effective if those taking it also observe other practices for the maintenance of a healthy heart. Vitabiotics recommends the following five-point strategy:

- **Eat a balanced diet which contains plenty of fresh fruit, vegetables and oily fish, but reduce overall intake of salt and fat.**
- **Exercise keeps the heart strong and tunes up the circulation.**
- **Stop smoking - it can greatly increase the risk of heart problems.**
- **Maintain bodyweight within the normal range for your height to reduce strain on your heart.**
- **Take Cardioace every day!**

Cardioace


VITABIOTICS
WHERE NATURE MEETS SCIENCE



Pre-eclampsia affects one in ten pregnant women and can be fatal, yet new research suggests it may be avoided by taking vitamins C and E. **Lee Oakley**, a nutritionist with Quest Vitamins, reports

Vitamin lifeline for pre-eclampsia sufferers

Pre-eclampsia is a serious condition associated with pregnancy, accounting for the deaths of hundreds of babies and several mothers each year in the UK. Up until recently, there was no effective way of managing the condition other than through premature delivery. However, a recent study has revealed that a simple course of vitamins during pregnancy may be an effective intervention for the disease.

Pre-eclampsia is a complex disorder associated with the latter half of pregnancy and is a leading cause of maternal and perinatal death. The disease is caused by an insufficient blood supply to the placenta, slowing the development of the unborn baby and having serious effects on the health of the mother. In the early stages, the disease exhibits no symptoms and can only be detected by routine screening at antenatal clinics. A combination of raised blood pressure (hypertension) and protein



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in the urine (proteinuria) are characteristic of pre-eclampsia, although there is no fool-proof method of detection.

As the disease progresses, the mother may experience swelling of the hands, feet and face as a result of fluid retention. However, this is not a reliable indicator of the disease as it is also common in normal pregnancy. In the advanced stages of the disease, the mother's liver, lungs, brain and blood clotting system can be affected. In addition, abdominal pain, vomiting, headache and visual problems may be experienced. In a few cases, pre-eclampsia leads to convulsions - a dangerous complication known as eclampsia.

Approximately one pregnant woman in every ten will be affected

by pre-eclampsia, although it occurs more often in first pregnancies. Pre-eclampsia is the most common complication during pregnancy, but fortunately is not usually severe. However, it still claims the lives of 500-600 babies and seven to ten mothers each year in the UK.

Reducing stress?

At present, there is no cure for pre-eclampsia other than through premature delivery of the baby, and with it the defective placenta. Until now, an effective treatment for pre-eclampsia has eluded scientists. Aspirin and calcium supplements were thought to offer the best chance of preventing the disease, but successful results in small scale studies have yet to be reproduced in

large scale clinical trials. Despite these setbacks, scientists have made great leaps in their understanding of the disease in recent years, which has revealed that oxidative stress may be a major factor in the development of pre-eclampsia. As a result, a number of scientists are now suggesting that the disease may be caused by the mother 'running low' in certain antioxidant vitamins.

To test this theory, British scientists designed a study to discover whether a simple course of vitamins C and E could be an effective preventative against pre-eclampsia. The trial was funded by the national charity Tommy's Campaign and was led by Professor Lucilla Poston of King's College, London. In the study, 283 women at high risk of pre-eclampsia were randomly allocated to receive either a combination of vitamin C, 1,000mg and natural vitamin E, 400iu or placebo from 16 weeks of pregnancy. One hundred and sixty women completed the study and the results showed that those receiving the vitamin supplements benefited from a 76 per cent lower incidence of pre-eclampsia compared to the placebo group.

How do vitamins help?

So why were the vitamins so effective in preventing pre-eclampsia? The answer to this question lies in their potent antioxidant activity. Free

radicals are produced by the placenta and white blood cells of pre-eclamptic women and if the mother's antioxidant defences are not sufficient, these reactive species are allowed to cause damage to the body's cells and tissues. Vitamins C and E work together to neutralise these potentially damaging molecules, which are thought to be a major factor in the disease's development.

A number of studies have shown the benefits of regular vitamin and mineral supplementation during pregnancy for meeting the extra nutritional needs of the mother. For instance, it is well known that a deficiency in folic acid prior to and during the early stages of pregnancy increases the risk of neural tube defects such as spina bifida. However, much of the medical profession and general public are ignorant of the importance of safeguarding intakes of other nutrients during pregnancy - a reason why Quest Vitamins Ltd have been so quick to publicise the benefits of this latest trial through a variety of mediums.

Safety concerns

Despite the staggering decline in the incidence of pre-eclampsia through vitamin supplementation, the reaction to the research has been one of caution by many scientists and healthcare professionals. Unjustified concerns are expressed about the

safety of high intakes of vitamins during pregnancy and it is likely that these worries will only be allayed when large scale trials have been completed. Perhaps the reluctance to accept this alternative way of preventing pre-eclampsia is an inability to realise that orthodox medicine has yet again failed to come up with a solution.

Further studies will undoubtedly demonstrate the safety and efficacy of vitamins C and E for preventing the disease. Over the past few years, at least five different studies have shown an association between low levels of vitamin E and other antioxidants and a higher risk of pre-eclampsia. No safety problems have been reported.

In conclusion, it is hoped that vitamin supplements will provide cheap and effective protection against the consequences of pre-eclampsia. At present the VMS market is worth approximately £340 million, and it is likely that this will grow significantly if pregnant women are routinely advised to take vitamins C and E supplements during pregnancy. For instance, since 1992 when 400mg of folic acid was recommended before and during the early stages of pregnancy, the number of prescriptions for this B vitamin soared to over 140,000 in 1996.

Many young women purchase such nutrients without a prescription from pharmacists, health food stores and

supermarkets, further contributing to sales of vitamin supplements.

While follow-up research is awaited with much anticipation, it is vital that doctors and pharmacists take the bold step of advising women of the importance of safeguarding intakes of vital nutrients before and during pregnancy. After all, providing the correct nutritional environment for the growing baby is the best possible start in life it can be given.

Keeping you updated

Quest channels much of its resources into making the public more aware of the health benefits of nutritional supplementation. The company employs university trained nutritionists who keep abreast of all the latest research and safety information in nutritional science, which is relayed to doctors, nurses, nutritionists, and dietitians through a monthly publication called the *Research Bulletin*.

In addition, Research Updates via email are regularly sent to health writers and journalists - these are also available to pharmacists and other health professionals. Also, for stockists of its products, Quest runs a comprehensive correspondence course called the Quest Product Advisor Award, which provides pharmacists and key retail staff with a sound knowledge of nutritional supplementation.

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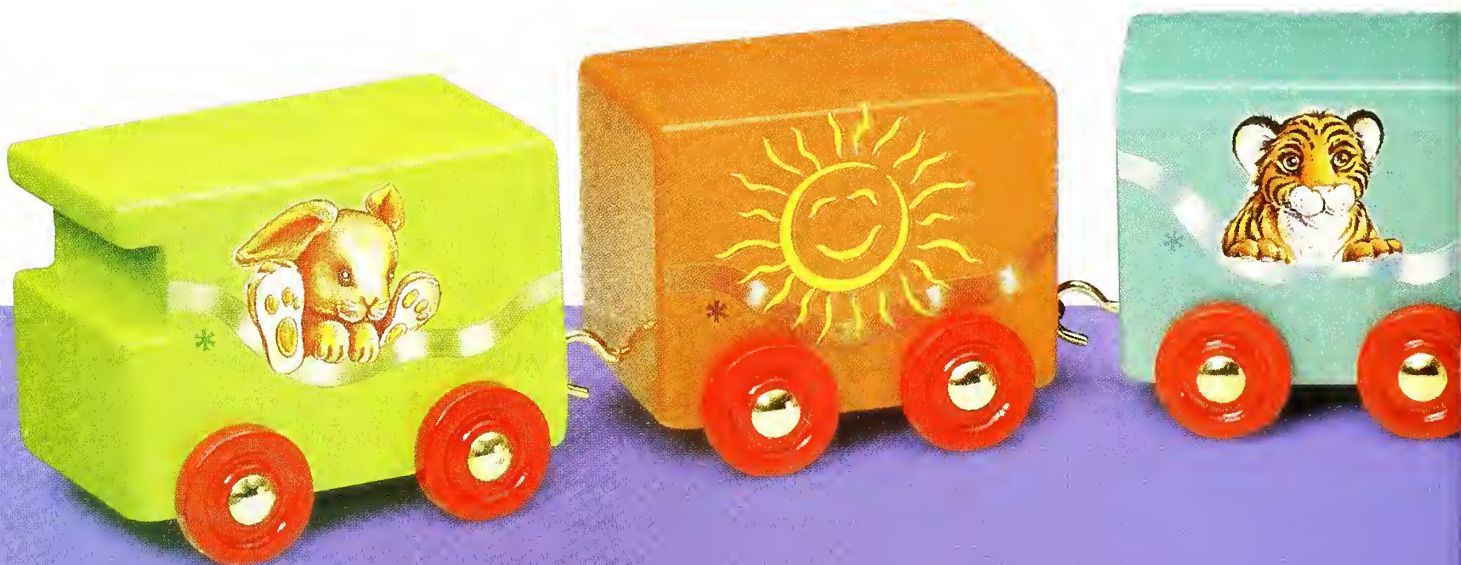
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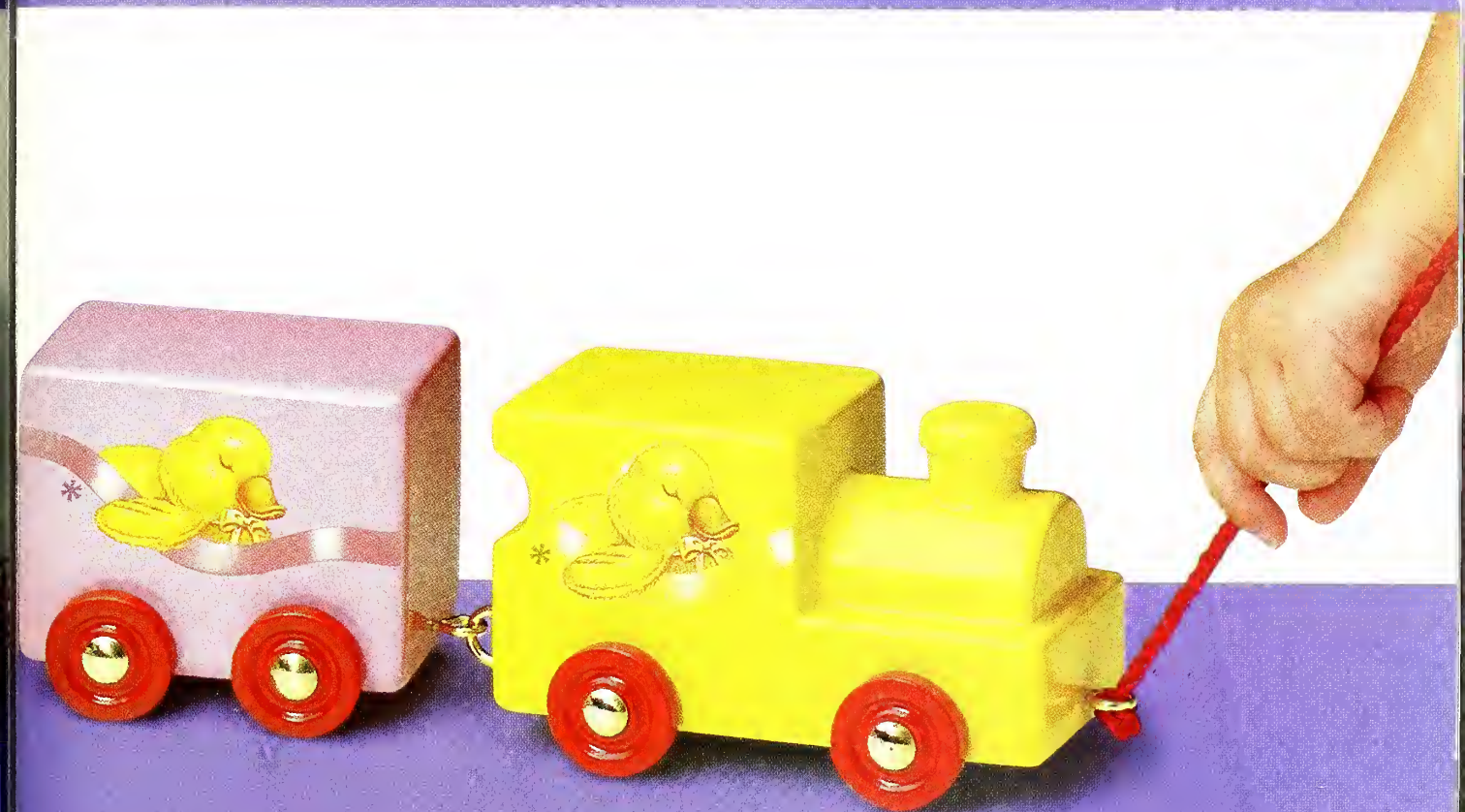


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Need babies stay on track?



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Three major mergers within 18 months, involving Seton, Scholl and London International Group, have created a £1.25 billion group that promises much. But will it deliver? **Guy L'Aimable** reports

Sobering ambition



(l-r) Ian Adamson, SSL's UK marketing director for consumer and medical products, Brian Ruane, UK sales director, and Dieno George, group managing director, corporate development

Dieno George, group managing director, corporate development for SSL International, leans over the boardroom desk:

"Here's a sobering thought - if you're a £100 million business and you want to grow 10 per cent, you have to earn another £10m. If you're a £700m business it means you have to earn another £70m."

The challenge for SSL, which was formed after Seton Scholl decided to merge with London International Group in May, is to increase its sales by at least £6m - its pro forma sales in 1999 are estimated to be £642.4m.

Cutting costs

Credit Suisse First Boston (CSFB), SSL's broker, says the group's cost-cutting drive will provide a firm foundation to exceed that target. SSL's aim is to slash annual costs by £20-£25m, and CSFB says the group is on track to save around £23m over the next three years. LIG was already rationalising its ailing business before the merger, and the group has followed those cuts through. For example, LIG's head office in London was closed in September and most of the staff were relocated to offices in Broxbourne, Hertfordshire.

The group has also closed down LIG's condom plants in the US and Italy and transferred production to far more cost-effective sites in the Far East. In addition, SSL will make around 250 non-manufacturing staff redundant.

Merging and streamlining the group's sales, marketing and distribution areas is expected to account for 40 per cent of the

merger's total savings. CSFB reckons the group will save £11m on the sales division alone.

Most of the annual group savings will be ploughed back to help increase its marketing budget - it currently spends about 10 per cent of its revenues on marketing and reckons that even modest increases on this budget will make a big difference.

It will also spend more on research and development: both LIG and Seton Scholl spent a total of £11m in the previous fiscal year.

However, cost savings also have a downside - total exceptional related to these rationalisations and integration will amount to around £70m, while the closure of LIG's glove and branded condom plants and merger fees will add £29m to that sum.

Taking this into account, the broker expects SSL to report pre-tax profits of £115.7m on sales of £660m in 2000. Next year's financial figures may be a little more inflated than normal because SSL is changing its fiscal year from March-February to April-March, which is the same as the NHS' fiscal year. [SSL cannot comment personally about its current sales/profits because its interims are due out on December 7.]

SSL, adds the broker, will increase its annual earnings by 19 per cent over the next three years, compared with a healthcare sector average of 8 per cent. And the group's underlying

sales will grow around 8 per cent per annum in the long term.

All this is music to Mr George's ears. But he knows this growth will not appear out of thin air. The group now has to think hard about what sort of local strategies it should pursue, and how these fit in with its global strategy.

Strategic steps

Responsibility for formulating much of this future strategy lies with Mr George, who was recently promoted from Seton Scholl's managing director for global marketing and UK sales to his current post, where he has to concentrate on corporate development, marketing, business development and the group's strategy.

"The building bricks are our brands and core competencies," he says. "We now need to look at what we're good at and what we can build on. For example, maybe we've got to drive Durex harder in Australia than we have to in the UK. These are huge challenges and we've got to get it right."

Iain Cater, the group's chief executive, has overall responsibility for formulating SSL's strategies, and he will liaise closely with Mr George and the group's divisional directors.

The UK market plays a central role in these plans because it is by far SSL's biggest earner, accounting for 35 per cent of its sales.

Its importance explains the recent

promotion of Brian Ruane, formerly sales director of Seton Scholl's consumer division, to SSL's UK sales director, where he is also responsible for UK exports and customer service. Ian Adamson was promoted to UK marketing director for all consumer and medical products - he was formerly Seton Scholl's marketing director consumer.

Their titles do not reflect the full scale of their responsibilities because both men are, *de facto*, joint managing directors of SSL's UK business. Both have to ensure this business is meeting its sales and profits targets and, as a reflection of their seniority, they sit on SSL's senior management executive team.

SSL's UK business, like its Italian, German and other overseas businesses, is structured almost like a separate company. Its infrastructure includes its own marketing and sales teams, human resources department, and IT department. While SSL obviously recognises the UK business importance, says Mr George, its rationale is to prevent any favouritism. "Ian and Brian have to fight their own corner to get the resources they want," he says. "And when the group looks at their plans, it has to consider whether there are more deserving people [to allocate its resources]."

SSL's UK integration is almost complete, whereas the merger of its

Continued on P34



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What is more, controlled trials have also shown that Strefen™ is well tolerated.^{1,3,6}

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Strefen™ Lozenges contain Flurbiprofen BP 8.75 mg per lozenge. **Indication:** Symptomatic relief of sore throat. **Dosage and administration:** Adults and children over 12 years: one lozenge sucked slowly every 3–6 hours as required, up to a maximum of 5 lozenges in 24 hours, and for a maximum of three days. The lozenges should be moved around the mouth whilst sucking. **Contraindications:** Hypersensitivity to any of the ingredients; in patients with existing, or history of, peptic ulceration; history of bronchospasm, rhinitis or urticaria associated with aspirin or NSAIDs. **Special warnings and precautions for use:** Bronchospasm may be precipitated in patients with history of bronchial asthma. Caution is required in patients with renal, cardiac or hepatic impairment as renal action may deteriorate with use of NSAIDs; patients with hypertension; patients with abnormal bleeding potential as bleeding time can be prolonged. **Pregnancy and lactation:** Use of Strefen™ should be avoided in the third trimester.

Flurbiprofen appears in breast milk in very low concentrations and is unlikely to affect the breast-fed infant adversely. **Undesirable effects:** Dyspepsia, nausea, vomiting, gastrointestinal haemorrhage, diarrhoea, mouth ulcers, fluid retention and oedema. Exacerbation of peptic ulceration and perforation, urticaria, angioedema and various rashes have been reported. Very rarely, jaundice and thrombocytopenia (usually reversible), aplastic anaemia, and agranulocytosis have been reported. Transient local irritation of the buccal mucosa may occur, and taste perversion has been reported in trials. **Package quantities:** Strefen™ is available in cartons of 16 lozenges. **Basic NHS cost:** £2.00. **Product licence number:** 00327/0097. **Product Licence Holder:** Crookes Healthcare Ltd., Nottingham NG2 3AA. **Legal category:** POM. **Date of preparation:** September 1999. **References:** 1. Benrimoj SJ, Langford JH, Homan HD, Christian J, Charlesworth A, Steans A. Efficacy and safety of the anti-inflammatory throat lozenge flurbiprofen 8.75 mg in the treatment of sore throat. Poster

presented at the 2nd European Congress of Pharmacology, Budapest, Hungary, 3–7 July 1999. 2. Watson N, Nimmo WS, Christian J, Charlesworth A. Efficacy and safety of flurbiprofen 8.75 mg lozenges in the treatment of sore throat resulting from upper respiratory tract infection. Poster to be presented at the 28th Annual Meeting of the American College of Clinical Pharmacology, Rockville, MD, USA, 16–18 September 1999. 3. A randomised, double-blind, parallel group, placebo-controlled, multiple dose investigation of the safety and efficacy of 8.75 mg flurbiprofen lozenges in the symptomatic treatment of sore throat. Data on File, Boots Healthcare International 1998. 4. Strefen™. Summary of Product Characteristics. Crookes Healthcare Limited 1999. 5. Dollery C. Therapeutic Drugs (2nd Edition) 1999. Churchill Livingstone, Edinburgh. 6. Christian J, Largey PM, Shaw H, Charlesworth A, Richens A. Local and general tolerability of flurbiprofen lozenges in healthy volunteers. Poster presented at XXIX National Congress of the Italian Society of Pharmacology, Florence, Italy, 20–23 June 1999.

→ Continued from P32

other operations, especially in Europe, could be drawn out because of complicated economic and legislative factors.

The UK sales and marketing teams have merged and SSL is moving its UK operations to offices around one mile away from the global HQ in Knutsford, Cheshire. Up to 100 UK staff are expected to move into the new premises by Christmas.

Although SSL wants to increase sales throughout its retail accounts, it says it is putting a lot of effort into expanding Scholl/Durex's pharmacy sales, within independents and multiples, because their roles are crucial.

Pharmacy need

Scholl's sales force used to call on fewer than 2,500 independent pharmacies - SSL wants to increase that to 4,500. It says that base will probably account for 60-70 per cent

of its pharmacy revenues. "All our OTC products need the pharmacy endorsement - we also need pharmacists to recommend our incontinence and woundcare products," says Mr George.

Before the merger, Seton Scholl had a part-time pharmacy team focusing on merchandising. It has now made that team full-time and bolstered its number to 18 sales reps dealing only with independent pharmacies, and nine merchandisers.

"A lot of pharmacies do not, and cannot, use their space effectively," says Mr George. "Condoms may be, for example, kept in a drawer. If they are and a male customer has to ask a female pharmacy assistant for them, he'll just walk away," he says.

Mr Adamson says LIG and Scholl were already paying more attention to independents before the merger, and their brands' share in these outlets was therefore growing. Despite this, less than 30 per cent of Scholl/Durex brands are sold through independent pharmacies.

More than 50 per cent of Durex brands are sold in disparate outlets,

such as garage forecourts and impulse vending machines. Scholl is in a much stronger position - 60 per cent of its sales stem from pharmacists.

"We're going to reposition these brands to give them an increasing share in the independent pharmacy sector," says Mr Adamson.

The team will also maintain both brand ranges' stands, which will give pharmacists' assistants more time to concentrate on other duties. And the reps may also sell key Seton lines, if they fit well with the Scholl and Durex brands.

SSL now has a 55-strong sales team calling on pharmacy, grocery and impulse sectors. It also has 50 sales people for woundcare, 55 for consumer, and a number of healthcare advisors.

With the likes of Numark and Boots the Chemists investing in e-commerce, plus an increasing number of VMS manufacturers/wholesalers, will SSL follow suit?

Not immediately, says Mr George, although e-commerce is obviously a medium-term ambition. "Some companies in our group, especially in

the US, are already trading on the internet. We have to learn from them and try and catch up," he says.

And while the group still wants to buy more brands - Seton Scholl has acquired over 22 brands since 1994 - its acquisitions will be relatively small-scale, since it is clearly concentrating first on realising the merger benefits.

CSFB backs Mr George's belief that the group has put together a good mix of executives, drawn from both merger partners, to realise these benefits. The executive board is weighted heavily in favour of Seton Scholl, whose executive and non-executive directors account for ten of the 13 posts.

But Mr George says a lot of LIG managers have been drafted into senior positions within the group: its managing director for the US who also sits on the group board, its southern European divisional managing director, group HR director and group operations director, for example, are all former LIG men.

Strong position

He adds it is already in a strong position with three global brands: Scholl, Durex and Regent Biogel (LIG's surgical gloves business). SSL is the UK's third largest OTC company in pharmacy with brands that include Remegel, Prospert and Tubigrip; Scholl is the world's leading footcare brand; Durex has a 21 per cent share of the global condom market and Regent has a 76 per cent share of the fast growing US powder-free surgical gloves market.

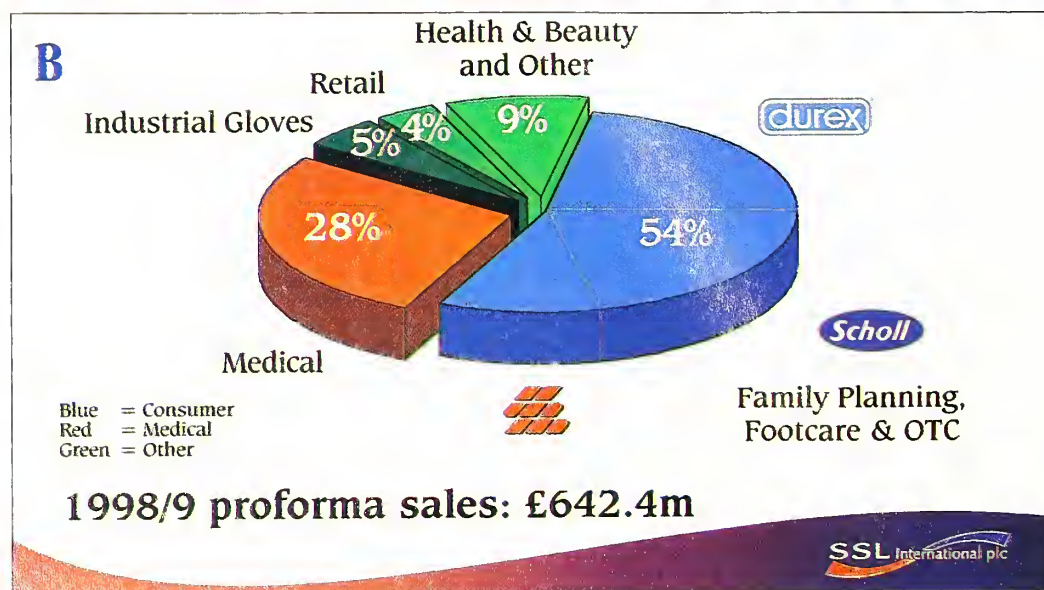
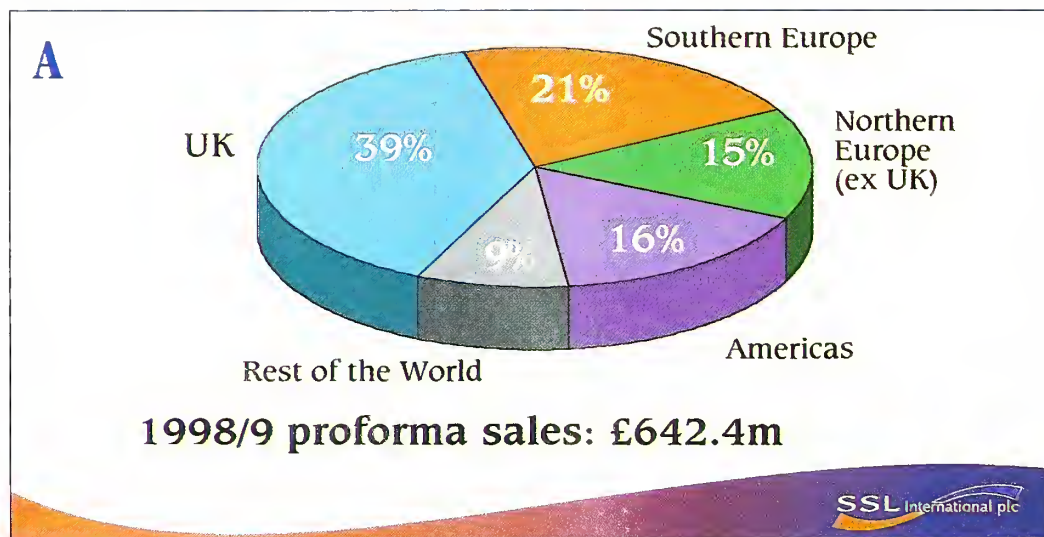
CSFB says the partners' interests fit nicely together: "SSL sells a complementary range of consumer products to the same retail customer base and a complementary range of medical products to healthcare professionals."

LIG generated nearly 30 per cent of its sales in the US, although it was performing poorly there, while Seton Scholl had virtually no presence there before the merger. While the group's short-term priority will be to concentrate on condoms and gloves in the US, it clearly has scope to use LIG's presence to expand its healthcare interests there.

Mr George smiles at the suggestion that SSL is now big enough to acquire another corporate gem: Scholl's US business, which is currently part of Schering Plough. Schering is a class act, he says, and it has no intention of selling Scholl US. But SSL already has close working ties with Schering and, should Scholl US ever come up for sale, the US company would probably offer it to SSL first.

He quickly stresses that this is mere conjecture and SSL is definitely not making overtures for Scholl US. "Our sole ambition now is very simple - we want to prove to everybody that this merger is a good move," he says.

Combined group's sales by region (A) and product category (B)



CHEMIST &
DRUGGIST

NOVARTIS

bring you

Children's medicines

THE COLLEGE OF
PHARMACY PRACTICE

This tutorial has been designed to meet the requirement of the College of Pharmacy Practice in providing 11/2 hour of postgraduate education towards the College's continuing education requirement

Over 50 per cent of households with a child aged 5 or under purchased a children's medicine in the last year. In the majority of cases children's coughs, colds and pain & fever can be relieved by OTC medicines, many of them specially formulated for children. Pharmacy staff are ideally placed to give quality advice and friendly support to parents, particularly new mums, who value such help and become loyal customers. This article helps you assist parents in the choice of product to relieve and soothe these common childhood ailments.

Children's medicines are a very important category to pharmacy and increasingly so as the use of paediatric medicines continues to grow (IMS data). Families are generally becoming smaller meaning that parents are less experienced, but also tend to have more disposable income. They also have less time to visit the GPs' surgery. Around 85 per cent of children are looked after by mums when they are ill, and with the increase in working women, parents are now more willing than ever to spend money on medicines to help the child return to child care or school more rapidly.

potentially important role to play in providing quality advice and friendly support for all their family healthcare purchases.

Understanding the new mum

Research^{*} indicates that when mothers are unsure about which medicine to buy, most either rely solely on pharmacy recommendation or want to choose a product themselves. The latter should be viewed as an opportunity rather than a threat. New mums, due to their inexperience, can feel intimidated or inadequate when dealing with pharmacists. By taking these customers aside to show them alternatives and to look at them in their own time allows them to relax. Offering advice and information as required, pharmacy staff can then help customers make the right decision for their child while letting the customer feel that they made the decision.

Increasing opportunity of children's medicines

Next to a cuddle from mum and TV, a cough/cold medicine makes a child ill at home feel better (RSGB). In the same research 30 per cent of the mums were likely to go to the pharmacy and ask for advice when their child had a cough or cold. This is compared to 37 per cent who would go to the GP and 36 per cent who said they would use a medicine already in the home.

Customers want paediatric medicines together. Merchandising children's medicines in this way helps you go through the appropriate choices with the mum and come to a decision together. This may be more difficult with a mix of P and GSL medicines, but putting them close together gives both the customer and staff an easy view of the full range available in the pharmacy. Alternatively, you can find ways to signpost the GSL and P products for mothers to easily find the full range on offer.



Tixlix Cough & Cold contains Pseudoephedrine Hydrochloride, Chlorpheniramine Maleate and Pholcodine

Tixlix Chesty Cough contains Guaiphenesin
Tixlix Daytime contains Pholcodine
Tixlix Night-time/Tixlix Night-time SF contains Promethazine Hydrochloride and Pholcodine

Parents are less willing to compromise on cheaper less well-known medicines, and will look for leading brands. If they cannot find the brand they want they may well go somewhere where they can. Around 75 per cent of purchases in children's healthcare are made by females. Research (Resource Plus 1999^{*}) shows that children's medicines are a key way for pharmacies to win mothers loyalty and that you, as an adviser to mum (or dad), have a

Objectives

- To review pain & fever, cough and cold categories of children's medicines
- To understand the use of children's medicines by customers
- To understand some of customer's needs
- To identify ways of assisting customers including advice, OTC recommendation and merchandising



NOVARTIS

bring you Children's medicines

Children's medicines category merchandising

- Create a children's category with P & GSL together taking account that P products must be sold under the supervision of a pharmacist
- Put medicines for the same ailment together e.g. a section on cough medicines, pain & fever relief, cold remedies etc.
- Put products in order by minimum age within an ailment e.g. pain & fever relief from 3 months on the left working upwards in age as you move right
- Group the brand variants together to include sugar free, various bottle sizes etc.
- Stock leading brands - brand loyalty is very high in this category

Specially made for children

Many preparations are available in a syrup or liquid suspension and flavoured to suit a child's taste.

This helps ease administration to the child, but some children are very fussy about flavours and it is worth trying different products to find one they will accept.

Sugar/syrup is a very good base for the

active ingredient to be added to and helps with the taste acceptance. However, concern over dental caries means that many children's products are now sugar-free. Some of the colourings have been associated with increased sensitivity or allergies in children and parents may ask for colour-free preparations (Tixlix Daytime, Tixlix Chesty and Tixymol are all colourless children's medicines).

Children's doses vary depending on their age

and sometimes weight. Whilst children's liver's and kidney's continue to develop, specially formulated medicines help to ensure that the correct dose is given which the child's body can effectively deal with. The strength of the formulation may also vary with some preparations designed for older children

Pain and fever

● How to tell when a child is suffering from pain or fever.

Babies and young children will not be able to tell their carer when they are in pain. You may well be familiar with children being off their food, listless, touching their ears and crying more when they are unwell. Aches, pains and

feverishness often accompany coughs, colds and infections.

Teething is a common reason for needing pain relief, particularly in babies 6-18 months old. Some babies have no problems, but if a baby is teething they will dribble excessively and chew on their toys and, if painful enough, tend to be considerably more grizzly and may have disturbed sleep. Older children will be able to tell their carer if they are in pain or hot, making it easier to diagnose the problem and take appropriate action. Rashes, upset tummies and broken sleep may also alert the child's carer to a pain and/or fever.

● How to relieve pain & fever

The most popular children's medicine are those for pain and fever relief. In adults paracetamol, ibuprofen and aspirin are used. Aspirin, however, is contra-indicated in children under 12 years of age due to a rare but serious side effect called Reye's Syndrome. This leaves paracetamol and ibuprofen available OTC to relieve children's pain and fever.

Both paracetamol and ibuprofen will usually reduce the temperature of a feverish child and soothe away pain (fever is high temperature above 38°C/100.4°F). Young children, in particular, can easily and quickly get a raised temperature as the result of illness, but also as a result of too many clothes or a room too hot. If a temperature or fever is suspected then the child should be kept as cool as possible by removing some clothing (or blankets if they are in bed). However, if after giving medication and keeping the child cool, the temperature has not reduced after 30 minutes then the advice of a doctor may be necessary. Babies and young children are susceptible to febrile convulsions if their temperatures remain high and medical advice should be sought if the temperature rises above 40°C/103°F.

● Preparations for pain & fever

In addition to the preparations available to be taken by mouth there are a number of gels for teething pain relief. Teething gels can be pleasant for the child as they give immediate

relief, but their duration of action is generally short. Many contain a local anaesthetic as the active ingredient. Again look to see which are sugar-free and the age range they are appropriate for - some formulations are only available in certain pack sizes so check on these as well.

Topical creams for aches, pains and strains are not usually recommended for children, other than on medical advice, and such cases should be referred. Some oral pain killing preparations are formulated as drops. These may be very concentrated forms of the medicine which helps to reduce the amount of medicine given, so the correct dosage is very important and counselling of parents is essential.

Ibuprofen	Paracetamol
Reduces inflammation & pain Anti-pyretic	Effective pain killer Anti-pyretic
Should be taken with or shortly after food	No need to take with food, gentle on stomach
Several contraindications including asthma & aspirin sensitivity	Can be used in children with asthma
Not to be used in children under 6 months (unless directed by a doctor)	Not to be used in children under 3 months (unless directed by a doctor)

For the majority of children a pleasant-tasting, paediatric paracetamol preparation (usually 3 months to 6 years 120mg/5ml, six years plus 250mg/5ml), preferably sugar-free and colour-free, meets all the needs as far as pain and fever relief - one example is Tixymol, a colour free, sugar free 120mg/5ml preparation. Most mums will keep a bottle in the medicine cupboard for such occasions, particularly as children can become unwell very quickly and without warning.

Suggestions for advice for children suffering from pain & fever

- Keep child as cool as possible - don't let room get too hot and stuffy, nor let child be in a draft
- If temperature exceeds 40°C/103°F or child develops a non-blanching rash (doesn't disappear when glass pressed firmly on skin) seek urgent medical attention
- Give pain relief at recommended dose. If temperature does not reduce or child gets worse seek medical advice.

Dehydration:

- Babies and children can quickly get dehydrated when they are ill so it's important to remind customers to maintain the child's fluid intake.
- Cooled, boiled water is best for a young baby either in a bottle or cup.
- Water or diluted fruit juice can be given to an older child. If the infant/child has been sick or has diarrhoea then a rehydration solution may be given. This has the effect of replacing natural sugars and salts, but remember to stress the importance of carefully following the instructions on the pack.
- It is important to offer fluids frequently and not to re-introduce solids too early, even if the child appears well, as this may delay recovery.

Coughs and colds

Coughs are the second and colds the third most common reasons for children's medicines being purchased. In the peak months of January, February and March over 15 per cent of the child population suffer from a cough or cold. Children suffer from around 5-8 occurrences of cough per year and it is not unusual for them to have up to 10 colds, simply because their immunity to everyday infection is not yet as developed as that of an adult.

Most coughs and colds are caused by viruses and as such there is no cure. Antibiotics will only be of help if an infection is caused by bacteria and should be reserved for such occasions. Swollen glands in the neck are a sign of tonsillitis which may require antibiotics. Ear infections can also result as a complication of a cold and a visit to the GP is recommended if this is suspected.

Dry cough

Coughing is the body's natural way of clearing a blocked or irritated airway. Dry coughs are usually caused by viral infections and can be described as irritating, tight or tickly or non-productive as such coughs produce little or no mucus. They can be soothed with a cough suppressant such as Tixylix Daytime which contains the ingredient pholcodine. Pholcodine works by reducing the cough reflex in the brain, which stops the cough and gives relief without drowsiness.

If however, the cough is dry and causing problems at night, the addition of an antihistamine, such as promethazine or diphenhydramine, can help the child by drying up any runny nose and so aiding sleep. One example is Tixylix Night-time, which contains pholcodine & promethazine and is now also available in a sugar free formulation (Tixylix Night-time SF).

With babies and young children (less than one year old) the use of products containing pholcodine is not recommended. Simple syrup or glycerol based medicines can be recommended which act to coat the throat (a demulcent) and help ease the cough. Paediatric simple linctus is an example which is also available as a sugar-free form.

Chesty coughs

Coughs which accompany colds can often be "chesty". They have a rattling sound and are described as productive. The cough reflex actually tries to clear the mucus and protect the lungs. If the mucus is clear or colourless an expectorant such as guaiphenesin, which is found in Tixylix Chesty, can be recommended. This helps to loosen the mucus by making it thinner and less sticky. As a result the child will need to cough less to remove the offending mucus. Sometimes children will cough enough to make them vomit. This is a normal reflex

Active Ingredient	Action	Suitability by minimum age (and strength)
Pholcodine	Dry cough - suppressant	Children over 1 year (1.5 to 4mg/5ml)
Dextromethorphan	Dry cough - suppressant	Children over 1 year (3.75 to 5mg/5ml) Children over 6 years (7.5mg/ml)
Promethazine	Antihistamine to relieve nasal congestion	Children over 1 year (1.5mg/5ml)
Chlorpheniramine, (Chlorphenamine)	Antihistamine to relieve nasal congestion	Children over 1 year (1mg/5ml)
Diphenhydramine	Antihistamine to relieve nasal congestion	Children over 1 year (7mg/5ml)
Ipecacuanha	Chesty cough - expectorant	Children over 1 year (13.9mg/ml)
Guaiphenesin (Guaifenesin)	Chesty cough - expectorant	Children over 1 year (50mg/5ml) Children over 6 years (100mg/5ml)
Ephedrine	Decongestant	Children over 2 years (6mg/5ml)
Pseudoephedrine	Decongestant	Children over 1 year (30mg/5ml)
Glycerol	Demulcent	Children from 3 months

Please refer to individual products for licensed uses & dosages.

and mothers can usually be reassured. However, if the vomit is blood stained, repeated frequently or the child is not keeping enough fluid down medical advice should be sought.

Sore throats

Plenty of fluids can help ease sore throats as can ice cream. Again the majority of sore throats are caused by viruses and a pain relieving medicine may help ease discomfort as can easy-to-swallow pureed food. If throat pain does not start to ease in 24 hours, and the child has a temperature and new symptoms such as earache, a cough or skin rash, early referral to the GP is recommended.

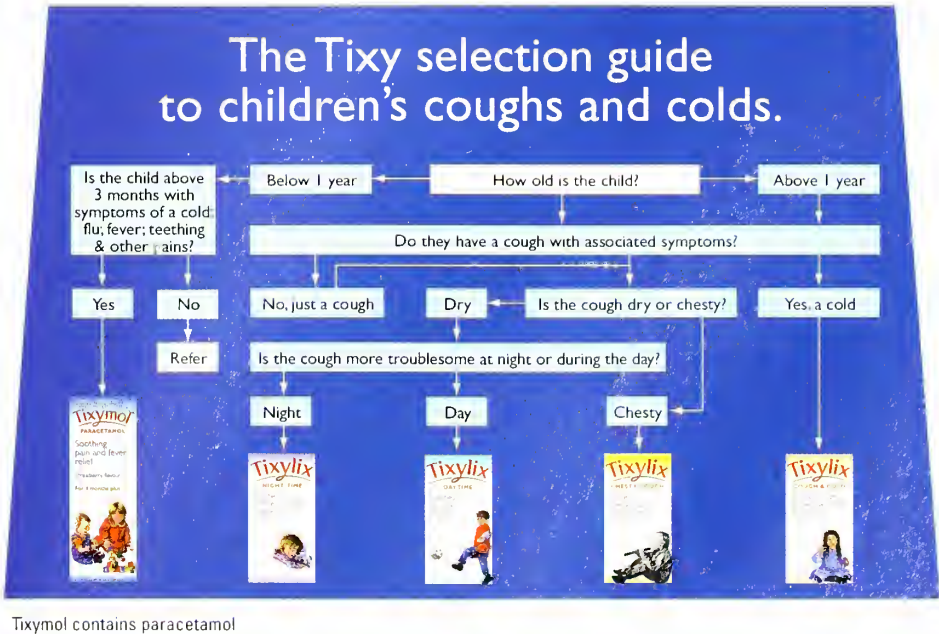
Nasal congestion

The symptoms of a cold are generally short-lived (three or four days). Rooms should be warm, but not too stuffy or hot as this can

increase irritation to the nasal lining & mucus production. When we get a cold the effectiveness of the nose in sweeping away the dust and mucus is reduced. Steam inhalation can help moisten the nasal lining and lining of the throat and help the nose remove the excess mucus thus making breathing more easy.

Croup quite often accompanies a cold and usually only occurs in children between the ages of one and five. The name is given to the sound of air being inhaled through a constricted windpipe and over inflamed vocal cords - making a noise not dissimilar to a sea lion! Breathing in is difficult and breathing out easier. Referral is advised if a mother believes the child may have croup or asthma.

Babies and young children have sinuses which have not yet fully developed and congestion can easily occur, increasing the risk of ear infection. Adding menthol or eucalyptus



Tixymol contains paracetamol

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to steam inhalations can help, but should not generally be used in children under 6 months. Some rubs or inhalation drops or sprays are suitable from 3 months.

Saline drops can help young babies particularly if feeding is hampered by a blocked nose. In addition, the use of a medicine with an antihistamine such as diphenhydramine or chlorpheniramine can be recommended in children over one. This helps to dry up excess mucus and ease congestion, so aiding restful sleep.

When a dry cough accompanies runny or blocked noses, a decongestant and/or antihistamine may be added to a cough medicine such as pholcodine.

Tixylx Cough and Cold contains the decongestant pseudoephedrine as well as the antihistamine chlorpheniramine, and

pholcodine for a dry cough. Medicines containing decongestants should not be used for more than seven days as a rebound effect can occur with prolonged use making those runny/blocked noses worse again.

Additional tips

Most cough medicines for children do not help with reducing temperatures. It is helpful to display children's medicines for coughs near to pain relief medicines as customers will often require both and it makes selection easier. The Tixylx range, together with a simple paediatric paracetamol preparation, such as Tixymol, provides a useful selection of medicines to give the child's cough, cold and pain or fever the relief required and avoid parental headaches over what can be given together!

PRODUCT INFORMATION

TIXYMOL

Presentation: Sugar-free, colour-free, strawberry flavoured oral suspension containing Paracetamol Ph Eur 120 mg per 5 ml. Indications: To relieve pain and reduce fever in many conditions including headache, toothache, teething, feverishness, colds and influenza. Dosage: Babies 3 months to 1 year: 2.5 to 5 ml; children 1 to 6 years: 5 to 10 ml. Repeat up to 3 or 4 times in 24 hours if required; not more frequently than every 4 hours. Babies under 3 months: a 2.5 ml dose is suitable for babies who develop a fever following vaccination at 2 months. Otherwise, do not give to children under 3 months except under medical supervision. CI: Hypersensitivity to paracetamol or other constituent. Precautions: Severe renal or hepatic impairment. SE: Rare. Hypersensitivity including skin rash. Blood disorders very rarely reported in people who have taken paracetamol but link not established. Legal category P. Retail price: 100 ml: £2.15; 150 ml: £3.19. PL No: PL 0030/0143. PL Holder: Novartis Consumer Health, Horsham, RH12 5AB. Date of preparation: October 1999.

TIXYLIX DAYTIME Presentation: A linctus containing 4 mg Pholcodine Ph Eur in 5 ml. Indications: Cough suppressant. Dosage and administration: The following doses are given 6 hourly as required. Children 1 - 2 years 2.5 ml, children 3 - 5 years 5 ml, children 6 - 10 years 5 to 10 ml. Contraindications: When cough suppression is inadvisable. Use in pregnancy or lactation: Not recommended. Side Effects: Nausea and drowsiness occasionally occur. Legal category P. Retail price: £ 2.89. Product Licence Number: PL 0030/0090. Product Licence Holder: Novartis Consumer Health, Wimbleshurst Road, Horsham West Sussex RH12 5AB. Date of preparation: Sept. 1999

TIXYLIX CHESTY COUGH Presentation: A linctus containing 50 mg Guaiphenesin Ph Eur in 5 ml. Indications: Relief of chesty coughs, hoarseness, and sore throats. Helps loosen mucus to make breathing easier. Dosage and administration: The following doses are given 4 hourly: Children 1 - 2 years 2.5 ml, children 3 - 5 years 5 ml, children 6 - 10 years 5 to 10 ml. Precautions: Should not be taken with a cough suppressant. Legal category GSL. Retail price: £ 2.89. Product Licence Number: PL 0030/0082. Product Licence Holder: Novartis Consumer Health, Wimbleshurst Road, Horsham West Sussex RH12 5AB. Date of preparation: Sept. 1999

TIXYLIX COUGH AND COLD Presentation: A linctus containing 20 mg Pseudoephedrine Hydrochloride BP, 2 mg Chlorpheniramine Maleate BP and 5 mg Pholcodine Ph Eur in 5 ml. Indications: Cough Suppressant and decongestant. Dosage and administration: The following doses are given six hourly as required. Do not exceed three doses in 24 hours. Children 1 - 2 years 2.5 ml, Children 3 - 5 years 5 ml, children 6 - 10 years 5 to 10 ml. Contraindications: Hypersensitivity, tachycardia and severe cardiac disorders. Those taking monoamine oxidase inhibitors or have taken monoamine oxidase inhibitors in the last two weeks. Not recommended during an acute asthmatic attack. Use in pregnancy or lactation: Not recommended. Precautions: Caution with epilepsy, severe diabetes mellitus, hyperthyroidism and hepatic insufficiency. Side Effects: Drowsiness can occur but this is not considered an undesirable effect. Other effects could include dry mouth, headache, fatigue, anxiety, restlessness, dizziness, stomach upset, palpitations, tachycardia and rash. Interactions: See contraindications for monoamine oxidase inhibitors. Use with caution in those taking tricyclic antidepressants, hypnotics, anxiolytics, other antihistamines, other decongestants, or opioid analgesics. Legal category P. Retail price: £ 2.89. Product Licence Number: PL 0030/0089. Product Licence Holder: Novartis Consumer Health, Wimbleshurst Road, Horsham West Sussex RH12 5AB. Date of preparation: Sept. 1999

TIXYLIX NIGHT-TIME/TIXYLIX NIGHT-TIME SF

Presentation: Original and sugar-free linctuses containing 1.5 mg Promethazine Hydrochloride BP and 1.5 mg Pholcodine BP in 5 ml. Indications: For the symptomatic relief of cough and colds in children; especially useful for irritating night cough. Dosage and administration: The following doses are given two or three times a day. Children 1 - 2 years 2.5 ml, children 3 - 5 years 5 ml, children 6 - 10 years 5 to 10 ml. Not recommended for adults and children over 10 years. Contraindications: Hypersensitivity. Use in pregnancy or lactation: Not recommended. Precautions: Caution in asthma, cardiovascular disease and epilepsy. If symptoms persist for more than 7 days consult a doctor. Side Effects: Drowsiness can occur but this is not considered an undesirable effect. Other side effects could include dry mouth, headache, fatigue, dizziness, palpitations, stomach upset and a rash. Interactions: Should not be used together with alcohol, tricyclic antidepressants, hypnotics, anxiolytics, other antihistamines or opioid analgesics. Legal category P. Retail price: £ 2.89. Product Licence Numbers: PL 0030/0080 & PL 0030/0081. Product Licence Holder: Novartis Consumer Health, Wimbleshurst Road, Horsham West Sussex RH12 5AB. Date of preparation: Sept 1999

Test your understanding

Test your understanding by answering the following questions, then check your answers by phoning our computerised Telephone Marking Service on **0990 27 41 26** for an immediate result. Just listen to the instructions and press buttons 1 or 0 to indicate your answers. "1" indicates yes; "0" indicates no.

Please note that calls are charged only at standard national call rates and will take around one and a half minutes. If you pass and are a pharmacist or an assistant and want the appropriate certificate for this College of Pharmacy Practice accredited course, simply sign then photocopy your answers and send them to: Mary Prebble, Pharmacy Editorial Projects, Miller Freeman UK. Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.

Please enter your name and status (eg pharmacist / assistant), pharmacy, address, phone and RPSGB/PSNI number below:

Questions

1. Is aspirin a suitable pain & fever relief for children?

☐ Yes ☐ No

2. Ibuprofen can be used in asthmatics?

☐ Yes ☐ No

3. The minimum age for using ibuprofen (OTC) is six months?

☐ Yes ☐ No

4. Croup is associated with difficulty in breathing in and noisy sea lion like sound?

☐ Yes ☐ No

5. A cold is caused by a virus and may last 10 to 14 days.

☐ Yes ☐ No

6. Pholcodine, a cough suppressant, is recommended for children above three months old.

☐ Yes ☐ No

7. Promethazine is an antihistamine used to help relieve congestion and troublesome night time cough

☐ Yes ☐ No

8. Guiaphenesin is a demulcent

☐ Yes ☐ No

9. Most cough preparations do not have any effect on pain relief

☐ Yes ☐ No

10. Does Tixymol contain paracetamol?

☐ Yes ☐ No

A brave merger worked for a while, but a newcomer spoiled the party. **John Kerry** plans a rescue attempt

Smart new kid on the block

Everybody has heard of the quaintly named Midlands town where this pharmacy is located but few will have ever visited it, and even fewer could point to it on a map. It has, nevertheless, an interesting story to tell - from a retail pharmacy point of view at least.

Only two years ago Mr S was running his profitable, small, 70-year-old pharmacy from a 500ft² premises on one side of the old market square, while Mr K flourished in his loud, downmarket 2,000ft² drugstore on the other side. Typically, Mr S had high dispensing figures and poor counter sales of non-medical counter lines. He just could not compete with either the prices or choice offered by his neighbour, but made a decent living out of dispensing and counter medicines.

Mr S coveted Mr K's counter sales. Mr K, unshackled by professional disciplines, lived by the 'pile it high, sell it cheap' philosophy, operating out of a barn of a shop, a cross between a car boot sale and early morning at Billingsgate.

Two businesses, 50 yards and 1,000 miles apart, each providing what local customers wanted, and each operating in an entirely different retail environment. To contemplate a marriage between these two might have been laughable, but when Mr K offered his drugstore business to Mr S, he bought it. And instead of running the two independently, Mr S and his pharmacist manager, Mrs L, decided to combine the two and operate from the one location - the drugstore.

After taking a little time to clean up the barn, adding a lick of paint, replacing 50 per cent of the dud fluorescent tubes and, of course,

creating a professional new pharmacy and medicines counter to one side, they opened up the new combined business.

Although they had cleaned up the old drugstore fittings, they were careful not to change the layout or appearance in order to avoid frightening away loyal customers who may have thought that this had now become a large pharmacist's shop with higher prices than before.

Prices of course remained the same. It does sound rather like a stoker in the engine room of an old steam ship, wearing a silk top hat, but it seemed at the time to be the right strategy.

A success?

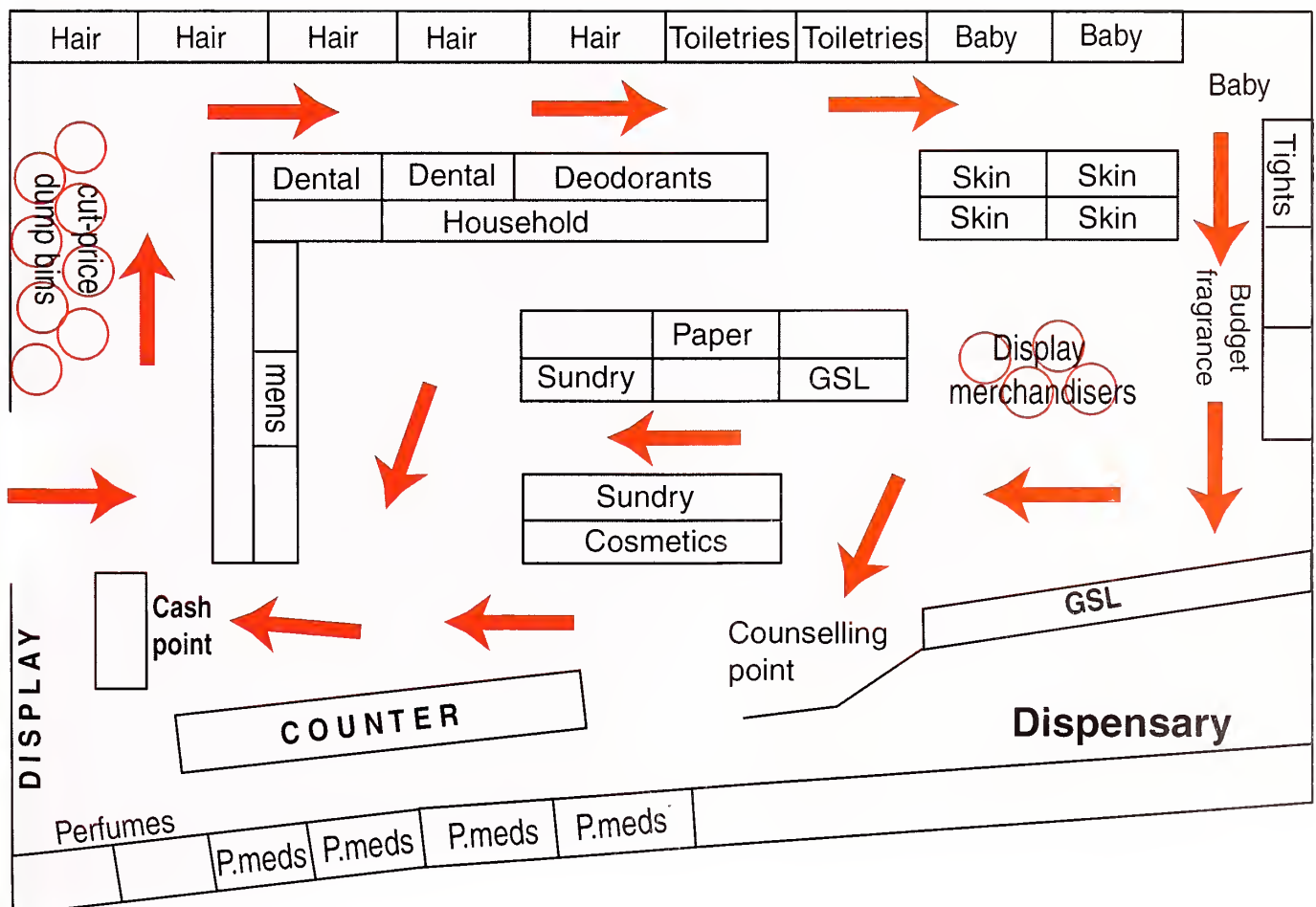
Did it work? Were they able to hang on to both turnovers? Did they manage to present a professional pharmacy service while maintaining a

big market stall in the same shop? The answer to all of these questions is 'yes', although a tiny percentage of prescription business was sacrificed in the transition.

Naturally both Mr S and Mrs L were delighted with what they had achieved, particularly Mr S, who not only had two sets of sales and gross profits, but only one set of costs. Even more satisfying was the improved gross margin, up from 19 to 27 per cent, due almost entirely to counter sales.

Within a few months of trading as a combination, counter sales began to slip a little. Maybe their customers liked the scruffy, badly lit drugstore and felt that they were getting a better bargain. Perhaps the local out-of-town superstores were becoming more alluring. Who knows? The only

Continued on P40 →



In this particular case study it was not possible to recommend a new layout because the format would hinge on which retail strategy Mr S and Mrs L decide to adopt

→Continued from P39

thing that was certain was that the honeymoon was over for our heroes. Euphoria was being replaced by concern.

Before they could even plan remedial treatment of this ill wind they were hit by a hurricane. A new drugstore opened a mere dozen doors away, turning the sales slippage into the beginnings of a landslide. Counter sales dropped by 20 per cent within a few months, then to 25 per cent, and they are still falling.

A six-figure deficit in sales is forecast in this current year because of this newcomer.

Fortunately, dispensing and medicines sales have held up, but if the counter doesn't improve, they may regret their bold move.

It is worth noting that the only other pharmacy in the town centre, a national multiple, located only two doors away from the new drugstore, is suffering much more. This suggests that the new business is looking at a first year's sales figure of £300,000.

The rules of war

The rules of war are well known in cases like these. Find out what the enemy's strengths are and his or her weaknesses, then formulate a plan to beat them - if you can. The new drugstore is formidable competition. The owners have done their homework well, looking on the dull multiple, the scruffy drugstore and the small pharmacy as soft targets.

They were right. The owners of this new drugstore, which is part of a regional chain, know their business. In a 1,000ft² dog leg shop they have created a retail masterpiece. This is one of the new breed of drugstores, employing expensive fittings, wonderful modern colours and merchandising at its very best.

Anyone believing that this kind of retail practice is only secondary to good service should visit such a shop. The place is spotless, the shelves are full, there's nothing out of place and there are no all-in-one piles, merchandisers' dump bins or cardboard outers on the floor. This shop is focused and successful. Yet it has only been open six months.

What they cannot do well, they simply do not do. There's limited choice, of course, but most of today's successful retailers offer limited choice. There is, though, a real threat to the two town centre pharmacies.

Customers are faced with a choice of buying from either Mr Arkright, Mavis Riley or Kate Moss, and have gravitated towards the more attractive option.

Mr S deliberately resisted changing the atmosphere in his newly acquired

Profit and loss accounts financial year May - April

	Pharmacy and drugstore year to April 1999		Pharmacy only year to April 1998	
Sales FHSA	524,645		533,022	-1.7 per cent
Sales counter	509,737		81,934	+521.2 per cent
	1,034,362		614,956	+68 per cent
COG	752,571		497,782	
Gross profit	281,811	(27.24 per cent)	117,174	(19.05 per cent)
Other income	320		231	
	282,131		117,405	
Expenses				
Wages and salaries	116,196		55,264	
Employers NIC	8,234		4,936	
Locum fees	7,036		4,936	
Pension/life insurance	1,267		874	
Permanent health	117		-6	
WPA fees	1,694		932	
Rent	28,302		9,759	
Rates	10,155		2,701	
Water	811		482	
Insurance	666		696	
Repairs and Renewals	10,307		2,225	
Sundry expenses	5,913		2,957	
Stocktaking	2,096		618	
Stationery and postage	2,604		623	
Advertising	672		139	
Audit and accountancy	0		0	
Telephone	1,831		1,034	
Light/heat	2,892		1,054	
Bank charges	790		272	
Leasing charges	2,228		4,987	
Service charge	23,842		12,501	
	227,676		105,644	
Net Profit	54,455	(5.3 per cent)	11,761	(1.9 per cent)

Profit and Loss May - July

	May 1999 - Jul 1999		May 1998 - Jul 1998	
Sales FHSA	129,434		139,496	-0.04 per cent
Sales counter	103,118		127,420	-19.07 per cent
Total Sales	242,552		266,916	-9.13 per cent
Cost of sales	184,046		224,335	
Gross profit	58,506	(24.12 per cent)	42,581	(16.05 per cent)
Other income	111		84	
	58,617		42,665	
Expenses	52,224		50,637	
Net profit	6,282	(2.6 per cent)	-7,972	(-3.0 per cent)

This business is part of a small regional multiple and pays a general service charge to its head office

drugstore for fear of driving custom away. He cleaned it up, added a lick of corporate colour scheme paint and erected new, but inexpensive, signage. Nothing to do with thrift, but common sense, and at the time it seemed correct.

Now it looks as though another plan is needed, because customers are voting with their feet for his more attractive rival. Mr S and Mrs L are looking for a plan to both stop the rot

and persuade those who have already deserted them to come back.

Plan of attack

Three choices of strategy present themselves and there may be others.

1. Transform his 2,000 square footer into a much larger, more attractive version of his rival in the hope of sucking back the customers with good service and dispensing.

2. Change the entire focus of the

shop from a cut-price drugstore into an upmarket pharmacist's shop with agency lines, fashion accessories and expensive skincare.

3. Take the new shop on price, reduce margins, and try to steamroller the opposition out of business.

The thought of transforming this dated, shabby, badly lit, colourless, poorly laid out, haphazardly

Continued on P42→

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Diphenhydramine, Paracetamol, Pseudoephedrine Hydrochloride

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→ Continued from P40

merchandised drugstore, complete with cheap looking handwritten or computer-produced posters and price tickets, manufacturers stands, chipped dump bins, grubby sellotape marked fittings and much more, into a thing of beauty, is an attractive but daunting prospect.

But should they do just that? They will have a bigger, better located business than the opposition and, if it is run with the same retail disciplines in place, it will have better than a fighting chance of success. Such a plan will gobble a six-figure budget and good retail practices will not only need to be adopted but adhered to. The pharmacy and medicines counter would benefit from being alongside a smart, clean and well laid out shop also.

Altering the focus of the shop and taking on new lines is something of a cop out. A lot of research into the needs of the local population will be required and this in itself may prove fruitless. Importantly, this is a cut-price drugstore business faced with a serious threat. It cannot just give up the ghost.

The option requiring less courage and the least investment is the price war. Mr S enjoys some very nice

margins because of his buying power and giving some of this away to his customers and those who may have temporarily deserted him should work.

If he took the top 100 lines, cut them to the bone and promoted this activity well, in newspapers, flyers and on local radio, the glamorous newcomer would become very uneasy. When the strategy took hold, the newcomer might become worried and no doubt because of the multiple set-up that they are in, be unable to respond. Mr S, on the other hand, has total autonomy and can price his goods at what he likes within reason.

A price war, if handled correctly, will only involve these two in the centre, but it must be done wholeheartedly and the communication and publicity needs to be both professional and thorough.

A long-term plan which uses both of the favoured strategies may be the more sensible approach. With a cut-price activity in place, catching the attention of the population and hopefully attracting back customers,

Mr S and Mrs L should plan to change their drugstore into the biggest, most attractive and best positioned in town, re-establishing it as the shop of choice.

There is no cheap solution to their problems. Cutting prices will produce lower gross margins, of course, while

a complete refit will eat a bigger hole in the working capital. But this business is worth the investment.

In the last financial year, when all of the changes were taking place, this business spent a mere £600 on advertising, less than one thousandth of its gross turnover.

This demonstrates that they were relying far too much on their previous reputations and positions to carry them forward. To achieve their objectives they may need to spend up to £10,000 on marketing, advertising and communication in the coming 12 months.

These two pharmacists, who made the decision to combine the two shops, proved that they were right to do so, although they had not reckoned on a new opponent. Now they have a much bigger problem to solve.

It may be too much for even the

most versatile and skilful of pharmacists to do, in between scripts, managing staff, buying, paperwork, counselling patients, phoning the surgery, checking wholesalers' deliveries and countless other essential day-to-day tasks.

If it is considered important enough to tackle one or both of these plans, someone inside or outside of the organisation needs to be made responsible for seeing that it is done properly. This could be done by a person with the right experience and skills on a one-day-a-week basis, using the human resources in-house and external resources available locally, if there were no distractions and they were entirely focused on the job.

Once completed the management of the retail side of the business should be the responsibility of somebody who once again has the skills, experience and authority to make this considerable business more successful.

Decisions need to be taken quickly and activities put in hand before more sales are lost. The new drugstore may not go away, but it might realise that of the two pharmacies that appeared to be sitting ducks last year, one has begun fighting back with vigour.

The other pharmacy may have neither the authority nor wherewithal to hit back and may sink further into the mire, but that's its owner's problem.

"Decisions need to be taken quickly and activities put in hand before more sales are lost"

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'Managing opportunities, managing relationships' was the theme of the first joint Institute of Pharmacy Management International and Australian Institute of Pharmacy Management Conference, held in Gloucester last week

Lifestyle drugs as Pharmacy medicines?

Lifestyle drugs could be launched on the market as Pharmacy medicines, not Prescription Only Medicines, it was put forward this week.

Sheila Kelly, director of the Proprietary Association of Great Britain, suggested that drugs such as Relenza, Xenical, Propecia, Viagra and emergency hormonal contraception could be among the next wave of POM to P switches.

"And there are other lifestyle drugs that should be available rather than languishing in the dispensary waiting for a private prescription," she added.

"I would like pharmacists to start lobbying for new drugs to be P medicines from the outset. It's not inconceivable... pharmacists could have diagnostic training for each new product."

This change in what is available as P medicines may come about as the current 'POM to P' pipeline dries up and other products move to GSL. Market figures suggest that for any product there is an S-type relationship. After a slow build up of sales activity there is a period of strong growth when the



The PAGB's Sheila Kelly

product becomes known. However, as a product nears the end of its life cycle, sale growth slows and a sales plateau is reached. If it is not to 'die', the product or market has to be re-invigorated to allow a new S-curve to develop.

Within pharmacy, the OTC market is nearing the plateau phase. Is it possible to set up a new S-curve, Ms Kelly asked?

Current drivers for change in the NHS include NICE, the computerised

prescribing tool Prodigy, health improvement programmes and NHS Direct. These are looking at giving new access to other sources of healthcare and trying to get the amount of prescribing down, she said.

NHS Direct data indicates that about 40 per cent of the interventions result in self-care advice. "This seems to have come as a big surprise to the people in the NHS who set it up," said Ms Kelly. "This is good news, though, as it is the first time in years that we have had someone pushing self-medication."

A key factor in all this is money. It is estimated that self-medication saves about £4.7 billion out of a total NHS drugs bill of £50bn. It is also the first time that the Government is seeing self-medication as part of primary care. For a profession currently so dependent on NHS income this is "serious stuff", because in volume terms, OTC sales are twice that of prescriptions.

During the 1990s, 40 new ingredients and 50 new products have come into the OTC market. "But we have

now come to the top of the S-curve," said Ms Kelly. In some cases there has been a fall such as the return to POM status of some medicines.

Although there has been a focus on ingredients, Ms Kelly is more interested in indications. There are some new indications that were only taken to the doctor before. However, while being treatable OTC, they have tended to be in niche areas and the results have been disappointing.

And while about 70 per cent of medicines are still bought in pharmacies, and 50 per cent of pharmacy medicine sales are for GSLs, the new S-curve is coming from the P to GSL switches.

Besides the internet, change may also come from primary care groups. "My guess is that PCGs will want to have an ability to supply medicines to patients," she said. "NHS Direct will have drop-in centres and I can see them making medicines available."

To keep medicines in pharmacies, develop one-to-one services, she advised. "Bring P medicines out and show people you have them."

Medicines experts need to become more enthusiastic

Pharmacists must remember they are experts in medicines when taking on new roles, said Peter Curphey, head of the Royal Pharmaceutical Society's practice committee.

However, he warned that until the current process delivers increased health outcomes, pharmacy will continue to be seen by many only as a supply service manned by nice people. "We are the experts on medicines. We have a

role to play beyond their distribution, which threatens the comfort zones of others, whether it be diagnosis or assessment, prescribing or in advising and supporting the decisions of other health and social care services."

If pharmacists are to deliver that which they claim they do already, they will need to free up time to interact with patients and carers. As it is, "the basic dispensing service is massively underfunded", and much of the supply service, which should be delegated, is still being carried out by the pharmacist personally.

Accepting that pharmacists will not receive any more money in the national contract for dispensing above accepted inflation, there is a need to look at the funding of future services.

"The health improvement plan drawn up at the instigation of the director of public health is the blueprint for the new funding streams for pharmacy," said Mr Curphey. Another key player is the health development agency, bringing together health and

social care. Pharmacists have considerable influence in health promotion, which alongside public health medicine, is an important component of social care.

"We must make it clear that we are the natural interface where the ill and the well interact, that six million visits a day are made to pharmacies and that all other parts of the NHS are parts of the 'National Illness Service'."

Primary care groups have the "whip hand" for funding pharmaceutical innovation and next April, PCGs will start to develop into trusts. "We have a history of working to implement change in a positive way," he said. "Many others are perceived by government, particularly this one, as barriers to progress. We must face the challenge of change and reform head on and make it work."

For example, the Prime Minister's 'big idea' has been NHS Direct. "Does it make any sense not to embrace it enthusiastically?" he asked. "There's good reason to believe that pharmacy referral will be in the roll out model,

that NHS Direct will be made available to access in pharmacies, that NHS Direct on-line will increase our involvement, not decrease it. Let's get enthusiastic!"

NHS walk-in centres may be found not to work without good IT links or to be second best without pharmacy access. "Let's make these work, too."

Pharmacists rapidly need to adopt the role of navigators through the information minefield, he said, as more information in the form of the internet, leaflets, and in-store touch-screen systems, mean that one-to-one human interactions will become more important.

One area of concern is that PCTs when prioritising budgets, will make decisions without pharmaceutical input and without due care for the consequences. The Society has warned the health minister of the consequences of providing pharmaceutical services direct by a trust or of preferentially commissioning services from a single provider.



Peter Curphey, head of the RPSGB's practice committee

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Date of Preparation: October 1999. Gaviscon, Gaviscon Advance and the sword and circle symbol are trademarks.

References: 1. In vitro - Data on file, Reckitt and Colman Products Limited. 2. Taylor Nelson Counterpoint 1999. 3. IRI - MAT to June 1999. 4. IMS Data 1999.



Reckitt & Colman Products Limited

What's going on down under



Stephen Greenwood, the Pharmacy Guild of Australia

Australian pharmacists were told that they will have to perform if they are to survive and need to adapt to change.

In words echoing the message UK pharmacists are being told, Stephen Greenwood, the national director of the Pharmacy Guild of Australia, said: "Pharmacy must deliver on its promise and be seen to do so." The plea comes in the light of uncertainty as Australian pharmacy is subject to two national reviews: that of pharmacy ownership and that of the Drugs, Poisons and Controlled Substances Regulations. Harmonisation of Australian and New Zealand medicine systems is also being considered.

The first has implications to affect pharmacy ownership. Part of the battle to keep current ownership status has been to win public support. Two years ago a national campaign was launched to raise awareness of pharmacy, and the "factual, hard-hitting" message has been taken to 400 locations around Australia. A national newsletter has also been produced, containing testimonials from the Prime Minister downwards. During the federal elections, questionnaires were sent to MPs to secure more documented support and letters of support from local health groups and community organisations supporting community pharmacy gave "more proof that Australians do not want to see the best pharmacy system in the world disappear".

"This was not a tubthumping exercise, but it aimed to shore up the support of the community and to show pharmacy has a powerful voice," he said. "We have demonstrated the community needs its local pharmacy." The interim report is out for consultation and a final report should be published early next month.

For the drugs regulations review, a draft interim report is expected early next year. This will look at the difference between different states in the control of medicines and poisons, the drugs schedules and the advertising of scheduled products. The Guild and Pharmaceutical Society made a joint submission which stresses the health benefits of professional pharmaceutical advice. The bodies are also trying to protect the drugs schedules, which include a category of medicines which must be sold personally by the pharmacist.

Setting up quality care for pharmacy

Australian community pharmacists are being encouraged to improve quality, with the expectation that quality assurance will become part of the pharmacy contract. And to boost standards, the AIPM has introduced a Quality Care Pharmacy Programme which AIPM president Kos Scavos says could provide a model for community pharmacy in the UK.

Although everybody talks about quality, and its importance, community pharmacy has tended not to do anything about it in the past, said Mr Scavos. Other health professions and sectors within pharmacy have been developing their quality assurance systems to an ISO standard or equivalent. "We wanted to make sure that it was community pharmacy that sets the standards, rather than be at the mercy of the Government," he explained.

Another aspect prompting the AIPM to develop its own programme is that it believes ISO accreditation does not necessarily equate to improved health outcomes for patients. Mr Scavos was particularly surprised to hear that the

ISO in the UK can be given without any professional standards being set.

Among the programme's features are:

- having a 'seal of approval' symbol to be able to market the pharmacy to the public
- ensuring the pharmacy is accessible, eg by having wheel chair access to the prescription counter
- making sure there is access to a full range of medicines
- improving 'ambience' by looking at temperature control, providing sufficient shopping baskets, having staff greet customers well
- having emergency procedures in place, eg how to deal with a bomb threat
- having a referral procedure to medical care in emergency cases
- encouraging personal involvement by setting standards for staff.

Professional standards include having an area set aside for confidential consultations, a sign identifying the pharmacist on duty, ensuring every employee has a job description.



Kos Scavos, the AIPM president

Mr Scavos anticipates that the programme will be an essential part of the next five-year pharmacy contract, which will be negotiated with the State governments. If pharmacies are unable to meet the standards, or fail to continue on the accreditation path, they could be denied their practice grant, he said.

Keeping it simple is key to business success

Pharmacy owners have been urged to make the most of information technology to monitor and develop their businesses. But, at the same time, they have been warned data collection should be kept simple to avoid the overall message being lost.

Explaining the acronym KISS as 'Keep it simple, stupid,' retail consultant David Jury said: "To focus on your business, you must reduce the information you have to a manageable and meaningful level."

Use barcode numbers to record stock movements, and keep the records to monitor trends, but there is no need to look at daily sales levels or to look at sales data for all products as this can be overwhelming.

Instead, Mr Jury recommended deciding on key performance indicators (KPIs) and then to concentrate on the "exceptions". "Do not look at the sales figures of everything, but look at the best performers and the poorest performers," he said. In addition, be aware that about 80 per cent of the business comes from about 20 per cent of the products, so focus on that sector.

KPIs must be ones that you can influence, must be the ones that are really needed, but they should not overlap too much, he told delegates. "You must decide what information is of use to you and then use it." For example, although the net profit is important, it does not indicate performance. "What would be more impor-

tant is the profit ratio per customer, so you can see what happens if you put the price up." To avoid overlap, don't look at sales data on a daily basis. It is better to look once a month to see the trends, which can help avoid 'rubber ball' management where a manager may react to one day's figures, but the changes made then cause figures to bounce too much the other way.

Another area where pharmacists can develop their business is by being more visible. "The pharmacist is the person held in the highest esteem," said Mr Jury. "You must develop your edge - and remember you are your strength. Be visible, approachable and easily accessible." Train pharmacy staff so they can support you.

Look to providing added value - for example, by making use of the internet



Retail consultant David Jury emphasised simplicity in business dealings

to promote your business, giving advice on alternative medicines, or by providing other services from the pharmacy. However, it is necessary to measure the usage of these added value services: "It is no good giving added value if it's not being used," he warned. And if it is not being used, try another aspect to focus on.

Measuring the impact your service has on customers could involve the following:

- measuring the level of customer complaints to learn about the customer's needs
- checking product availability by looking for the lines that are not there rather than the ones that are
- monitoring the number of times you are being asked for advice - if this is not very often then you need to do something about it
- measuring the number of prescriptions filled - "as a retailer, the more prescriptions you fill, the more customers you have coming into your store"
- looking at 'basket size' - the more products people can buy with you the happier they are
- monitoring staff complaints - listen to the problems the staff identify
- consider using a secret shopper to report on potential customer satisfaction.

If any KPIs are showing change try and understand why, suggested Mr Jury. And don't forget to step outside your pharmacy to see what other businesses are doing.

Product Information: Setlers Heartburn and Indigestion Liquid. **Presentation:** Seed flavoured pink suspension containing 133.5mg Sodium Bicarbonate BP, 133.5mg Sodium Alginate BP, 80mg Calcium Carbonate BP per 5ml. **Usage:** Heartburn & Indigestion. **Dosage and Administration:** For oral use. Adults and children over 12 yrs: 2-4 x 5ml, children 6-12 yrs: 1-2 x 5ml. To be taken after meals and at bedtime. Not recommended in children under 6 yrs. **Contraindications:** No specific contraindications. **Precautions:** Known hypersensitivity to any of the ingredients. Not to be taken within 1-2 hours of taking other medicines by mouth. Care should be taken in patients on a sodium

restricted diet. Seek medical advice if symptoms persist for more than two weeks. **Interactions:** Antacids may affect the rate of absorption and elimination of other drugs. **Pregnancy/Lactation:** May be used during pregnancy and lactation. **Side Effects:** Constipation, flatulence, stomach cramps or belching may occasionally occur. **Pharmaceutical Precautions:** Store below 25°C. Do not refrigerate. **Retail Selling Price:** £4.25 inclusive of VAT per 250ml bottle. **Legal Category:** GSL. **Product Licence Number:** PL4917/0021. **Product Licence Holder:** Pinewood Laboratories Ltd, Clonmel, Ireland. **Date of Preparation:** April 1998. **Reference:** 1. Data on file Stafford-Miller. DO 4062.

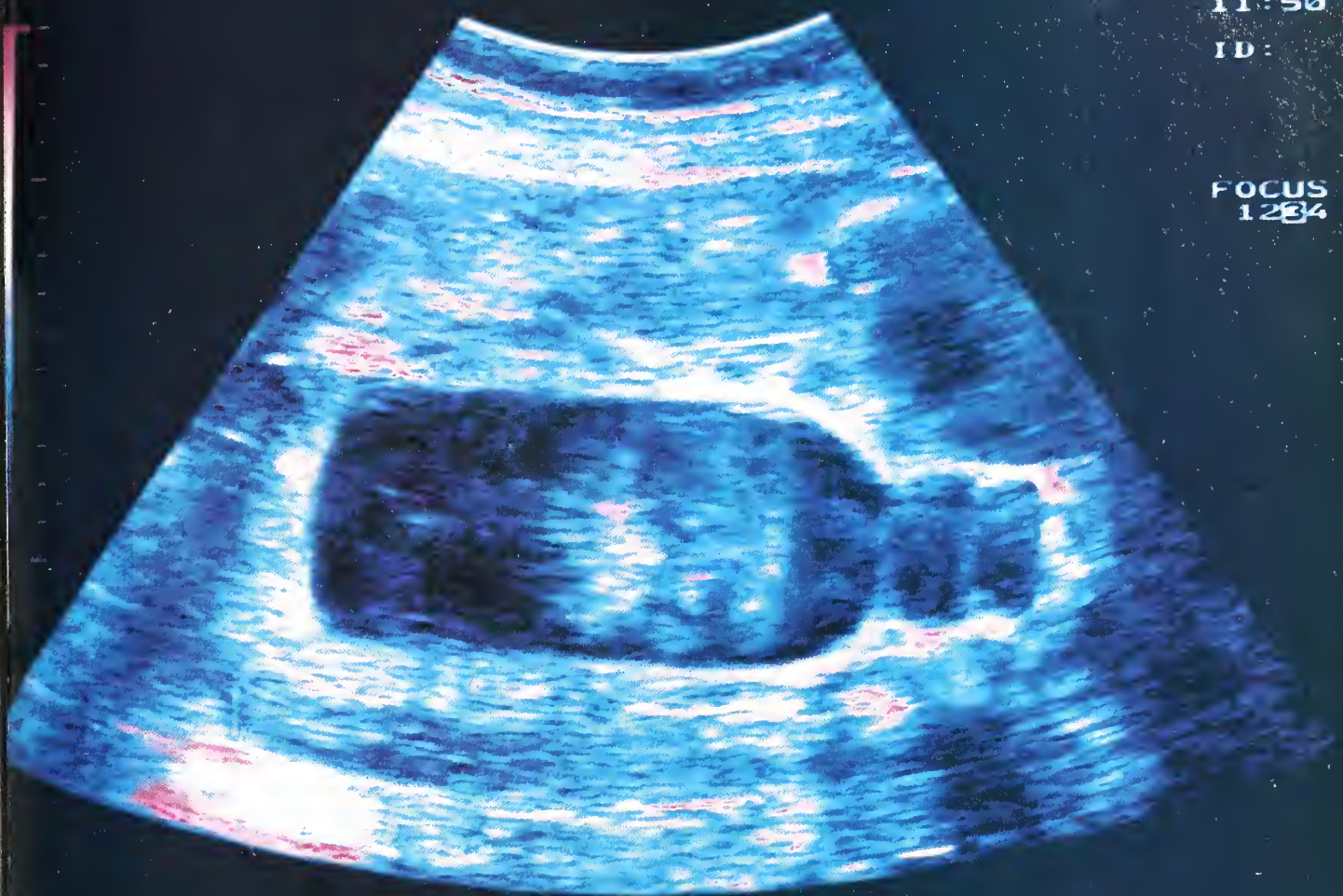
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Setlers investing in category growth

Sodium Bicarbonate
Sodium Alginate
Calcium Carbonate

Scottish community pharmacists put their case for a wider role in healthcare provision to chairmen and chief executives from primary care trusts and health boards, and the NHSiS Management Executive at a symposium in Edinburgh on Monday

Millar pushes pharmacies for health promotion

Pharmacies should be used more by the NHS in Scotland for health promotion and to provide extended access to emergency contraception.

Graeme Millar, chairman of the Royal Pharmaceutical Society in Scotland, said there was no need to set up support agencies around the country to promote health. Pharmacies should be better used instead, he urged.

Pharmacists can also make a difference to the welfare of young women. Extending their access to emergency contraception through pharmacies would be a safe and highly cost-effective route that would not encourage increased levels of undesirable behaviour, he said.

Community pharmacists see more patients in a single day than any other health professional. No appointment is necessary – that is an important difference between pharmacists and other healthcare professionals, he said.

● Scottish pharmacists are delighted that the health minister, Susan Deacon, has recognised the value that pharmacy brings to patients with special needs, said Mr Millar.

He welcomed her wish to investigate the possibility of pharmacists dispensing medicines without a prescription.

Deacon puts the question at Scottish pharmacy summit

Community pharmacists should be able to supply OTC medicines on the NHS, Scottish health and community care minister Susan Deacon has suggested.

Many patients, who are exempt from prescription charges, visit their GP to get advice and obtain a prescription for items which are otherwise for sale over the counter, she said.

"Can we test out, together, a system where some patients could obtain these items free of charge from a pharmacy?" Ms Deacon asked.

This was one of a number of questions she posed at Monday's event, which was jointly organised by the Royal Pharmaceutical Society in Scotland, the Scottish Pharmaceutical General Council and the Scottish Pharmaceutical Federation.

Every day one in ten of the population in Scotland visits a pharmacy. The opportunity that presents is enormous, said Ms Deacon.

"We need to look at what other steps we can take to enhance the contribution of pharmacy to improving health and delivering responsive services," she said.

"Could we make better use of the skills of pharmacists to give information and advice to people about their lifestyle?" she asked the health board and primary care trust executives. "How accessible are your services to the local population. Are they convenient in terms of geography and time?"

The Scottish Executive is working on a partnership basis with pharmacists to see how information technology



Meeting up in Edinburgh: (l-r) John D'Arcy, Susan Deacon, Christine Glover, George Romanes and Graeme Millar

can be exploited to join up services for the benefit of patients. There is a range of workforce issues that are also being tackled on a joint basis.

"The premises from which services are provided inevitably vary in their nature: what can we do to encourage improved facilities so that patients can receive personal advice in a confidential way?" she continued.

"Can we make the service more responsive to particular groups of patients ... use technology and a bit of common sense to improve systems and deliver a more co-ordinated response?"

"Let us develop the answers and plan action together, not making change for change's sake, but so that ... we can make a real impact on [patients'] health."

"I have been encouraged to see how in many parts of Scotland the skills of pharmacists are being used as part of the extended primary care team. I am pleased, therefore, that as part of our annual round of negotiations on remuneration with the SPGC, we have been able to reach agreement that £500,000 should be earmarked to develop model schemes for pharmaceutical care in the community," said Susan Deacon (right). (Full story, see p4)



Value-added voice needed

Pharmacy needs a better voice in the new NHS structures. Suitable pharmacists should be co-opted onto both primary care trusts and local healthcare co-operatives, said Scottish Pharmaceutical General Council chairman George Romanes (right).

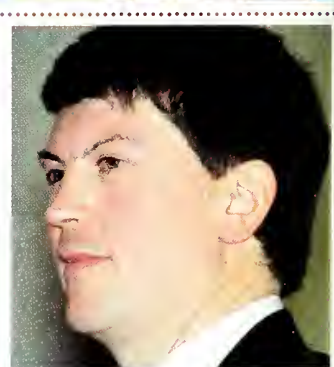
"The skills needed to run a community pharmacy are very applicable to the new NHS and there are many pharmacists who would add value to PCTs and LHCCs, if given the opportunity," he told the symposium.

The SPGC supports managed entry to the NHS contract as it allows proper strategic planning, he said. "This is vital as we build on our offering to patients on a year-on-year basis. The controls which exist have prevented an explosion in numbers and the dangers of spiralling costs to the tax payer."

He acknowledged that an area in

which community pharmacists could perform better is the interface between secondary and primary care, where liaison is sometimes lacking.

"We are keen to work with our pharmacy colleagues in the hospital service on the issue of discharge planning, and IT could be a real boon here," he said.



Fact file

- There are some 4,000 pharmacists in Scotland. The majority (75 per cent) are directly involved in providing NHS services
- There are 1,140 community pharmacies in Scotland, dispensing around one million prescriptions a week at a cost of £10 million
- Most community pharmacies are owned and operated as small businesses, each requiring a private investment of between £200,000 and £300,000. That is a collective investment of approximately one third of a billion pounds in the provision of primary care services in the NHSiS
- Community pharmacies employ some 10,000 full- and part-time staff – appropriately trained and supervised



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Health minister claims generic producers are ripping off NHS

Lord Hunt, health minister in the House of Lords, has virtually accused generic manufacturers of ripping off the NHS.

Lord Hunt told the House of Commons Health Select Committee, which met last week to discuss the generic shortages, that companies were deliberately withholding generics to drive up prices. He admitted, however, that he had no evidence to back his claims, but added: "We need to ensure the NHS is not being ripped off."

The supply of generics had worked in the NHS' favour in the past, he added, because it was a competitive market. Prices had been falling steadily over the past five years. "However, the recent supply problems and price increases cause us serious concern," he said.

Dr Dieter Helm, an economist at Oxford University, has been asked to conduct an in-depth review of the generics market. His brief will be to check whether the market can continue to guarantee generic supplies at reasonable prices. Dr Helm's report will be completed by January 2000.

The Office of Fair Trading, meanwhile, has been asked to investigate whether there are any anti-competitive practices in the market (C&D November 6, p5).

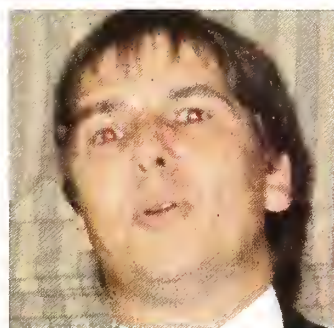
With politicians chronically concerned about the NHS' spiralling costs, publicity about generic price increases and shortages could not have come at a worse time. News of key generics, such as thyroxine tablets 100mg (1,000s), experiencing a 1,401 per cent increase in their *Tariff* price between May 1998 and May this year, has put the Government under pressure to do something about it.

Health minister John Denham told the Committee that in May the Government did not think there was a fundamental change in the way the generics market was operating. "The view was that the market was going to make up for the loss of supply from Regent Laboratories, and the initial shortage appeared to be a temporary problem. But we now recognise that we have a major change in the way the market operates and an immediate return to the situation we had last year seems unlikely," he said.

Jon Close, chairman of the British

Generic Manufacturers' Association, said manufacturers were striving to stabilise the market. "We are busting a gut to get medicines back onto the market, but the current reimbursement system is a mess and we have been saying for over a year that the category D system does not work," he said.

He urged the Government not to be



Jon Close, chairman of the BGMA

too harsh on generic manufacturers because "... people will start moving back to using brand names, which would cost the NHS an extra £2 billion a year".

The industry needs greater regulation. "We need to get round a table with all the interested parties and the Government and come up with a way of producing the required amount of drugs at reasonable prices. We are all coming from the same direction, but it's this lack of understanding that is causing the problems," he said.

Despite these shortcomings, he added, the generics industry remains a cost-effective way of providing medicines - it supplies 50 per cent of NHS medicines at 10 per cent of the total drugs bill. Generics account for £500 million of the £5.6 billion drugs bill.

The BGMA will be co-operating fully with the OFT and Dr Helm and said it had already given the Department of Health detailed information about its

level of production and stocks over the past year.

Wally Dove, chairman of the Pharmaceutical Services Negotiating Committee, told MPs that the generic industry had moved fast to deal with the shortages. "The problem is trying to accurately forecast the volume of each product needed," he said.

The shortages stemmed from forces outside the industry's control, such as Regent's closure and the patient pack debacle. "I think patients have suffered as a result [of the patient pack introduction]. For example, we have had to supply 5mg tablets instead of 2.5mg and patients have been told to break them in half," he said.

Mr Denham said the impact of generic shortages on health authorities would be minimal. The increased costs will account for around 0.5 per cent of NHS resources, and that will be offset by savings from the Pharmaceutical Price Regulation Scheme.

Pfizer, Warner Lambert and AHP locked in bid battle

Warner Lambert is expected to increase its all-share bid for American Home Products to scupper Pfizer's record \$80 billion (£50 billion) hostile takeover.

Warner Lambert's share offer - announced last week - is equivalent to \$81.37 per AHP share, whereas Pfizer's bid was initially worth \$96.40 per share. Although Pfizer's share value has dropped since the bid was announced, its offer is still worth \$85.62 per AHP share. AHP's interests in the UK include Whitehall Laboratories and Wyeth.

All parties are now involved in a PR war to convince investors that their route is the best one. Pfizer has said its bid will create the world's "strongest, most dynamic, pharmaceutical company". The merged company would be worth \$200 billion, generate sales of \$28 billion, and have a combined research and development spend - a critical factor in the pharmaceutical world - of around \$4 billion. In addition, the synergies raised would save around \$1.2 billion.

In addition, the group would have around 6.5 per cent of the global ethical market - 1.5 per cent ahead of its nearest competitor, Merck. Its sales would be double those of Eli Lilly in

the US, and Novartis and Roche of Switzerland.

Warner Lambert's proposed merger with AHP would create a \$145 billion company, whose annual sales would be around \$26 billion. Its cost savings would also be around \$1.2 billion.

This group would have a 5.5 per cent stake of the global market.

Bid wranglings aside, the companies could face a lengthy court battle stemming from Warner Lambert's agreement to pay AHP \$2 billion if the bid should fall through. AHP - which saw two potential mergers fail last year with Monsanto and SmithKline Beecham at the hands of Glaxo Wellcome - pushed for this clause to avoid another humiliation.

Its deal also includes a 'poison pill' that will enable Warner Lambert to issue large amounts of stock to AHP to frustrate Pfizer's bid.

Pfizer has launched a lawsuit against both Warner and AHP because it claims the break-up fee and poison pill are "illegal and invalid, that Warner-Lambert's directors breached their fiduciary duties in approving these provisions and that AHP aided and abetted that breach of fiduciary duty".

Pfizer wants the court to grant an

injunction to prevent the companies from taking up these provisions.

Whichever company wins the bid battle, European pharmaceutical companies could suffer from the fall out. Many speculators believe the likes of SmithKline Beecham and Glaxo Wellcome are hastily reviewing their bid/acquisition options to combat the new 'super group'.

News of Pfizer's bid initially sent SB's shares up 66p to 880p - they had settled at 868p as C&D went to press. GW's shares, meanwhile, rose 30p to 1,856p and, on Monday, rose again to 1,885p.

Rumours also suggest that Novartis is holding £20 billion bid talks with Monsanto which, if successful, could lead to Monsanto divesting its large agrochemical operation.



More uncertainty for UK OTC company Whitehall

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BTC not losing out to supermarkets

Boots the Chemists this week rejected a market researcher's claims that supermarkets are eroding its share of the health and beauty market.

Verdict Research's latest health and beauty report says supermarkets have, for the first time, taken an equal share of the £11 billion specialist outlet market which includes companies like BTC and Superdrug. Verdict has seen Boots' interims and said it still stands by the report's conclusions.

Supermarkets accounted for 42 per cent of cash spent on toiletries, cosmetics and OTCs last year, according to the report. This share was up 2 percentage points on the previous year and contrasted starkly with that of pharmacists/specialist outlets, whose share fell from 46 per cent to 42 per cent.

Verdict says the market will divide into two camps: supermarkets concentrating on 'pile them high sell them cheap', and independent outlets specialising in premium products. It says that specialist retailers, such as BTC and Superdrug, will be caught in-between and will therefore suffer.

The health and beauty market, it adds, still offers decent profit margins despite increasing price competition. But the arrival of US discount giant Wal-Mart will cause huge ructions. The US chain, it says, will accelerate Asda's 'price war' on toiletries to grab a bigger share of the market.

As Wal-Mart's health and beauty sales account for 10 per cent of its turnover, equivalent to £8 billion, it puts BTC's sales of £2.8 billion "in the shade".



Boots is confident that the Body Zone, seen here as a computer graphic, will be completed by the January 1 deadline

While BTC will prosper in the short term, "it will find it had to maintain loyalty among its customers as grocers and Superdrug put pharmacies into their stores - and thereby gain authority and credibility", it says.

BTC said Verdict's own figures suggest its share of the health and beauty market rose from 25.2 per cent in 1997 to 25.8 per cent last year. "They can't have it both ways," said a company spokesman. "Supermarkets went head to head with Boots over the past two months with a number of toiletry promotions. But our toiletry sales during that same period were the highest ever because we responded effectively with our own promotions."

BTC increased its share of the health and beauty market during the six months to September, the spokesman added, although he would not give precise figures.

BTC was not surprised that supermarkets had increased their share of

the market because the grocers had a "virtual monopoly" in a number of geographic areas through their out-of-town stores. BTC says other retailers are not allowed to open alongside, or develop adjacent sites, to these stores.

Lord Blyth, Boots' chairman, said BTC was unlikely to lose a price war because suppliers would offer it the same terms as they give to Wal-Mart.

Shoppers trying out the 'Wal-Mart experience' for the first time, he added, could be disappointed when they saw how basic it was.

BTC's pre-tax profits, before exceptionals and the cost of setting up its qualifying employee share ownership trust (Quest) were taken into account, rose 10.5 per cent to £277.9 million on a turnover of £2.470 billion for the six months to September 30. Including the cost of Quest would reduce the pre-tax profit figure by £12.7m.

Boots has also incurred exceptional costs of £16.5m from reorganising

BTC's head office in Nottingham.

The chain's like-for-like health and beauty sales rose 6.2 per cent, while its total sales rose 4.1 per cent.

Handbag.com, Boots' internet joint venture with Hollinger Telegraph New Media, has attracted 140,000 users since its launch on October 6.

Meanwhile, Boots Contract Manufacturing sales fell 0.6 per cent to £154.4m, partly due to the impact of heavy promotions by proprietary brands.

Boots Healthcare International's profits rose 61 per cent to £15.3m. Its sales grew 8 per cent to £158m.

● Meanwhile, recent speculation suggests that the Body Zone, one of the major exhibits at the Millennium Dome, and other major zones are unlikely to be finished on time for the January 1 opening.

And advanced ticket sales for the Dome, according to a *Financial Times* survey, are meagre.

BTC, which took journalists to see the Body Zone on Wednesday, dismissed suggestions that the Zone and other major exhibits would not be ready in time. "We wouldn't be having people over to see the exhibit if we were not confident that it would be completed on schedule," it said.

New Millennium Experience Company, the Dome's organiser, would not comment on current ticket sales, but said it was meeting targets and was confident it would have 12 million visitors.

● Verdict Research, *Verdict on Health and Beauty Retailers 1999*, price £990; telephone: 020 7255 6400.

COMING EVENTS

NOVEMBER 17

Wirral Branch, RPSGB, 'Advances in the treatment of multiple sclerosis'. Speaker: Dr Mike Boggild.

NOVEMBER 18

Edinburgh Branch, RPSGB, at the Royal Pharmaceutical Society, 36 York Place, Edinburgh, 7.45pm. 'Priorities and Rationing of Healthcare'. Speakers: Dr Helen Zealley and Ms Pat Dawson.

Weald of Kent Branch, RPSGB, at The Pembury Resort Hotel, Pembury, 7.30 for 8.15pm. 'Crohn's, moans and groans'. Speaker: Dr R Loke, consultant gastro-enterologist.

Bristol Branch, RPSGB, at the BAWA Leisure Centre, Filton, 7.30 for 8pm. 'Childhood diseases'. Speaker: Dr Amanda Head, GP.

NOVEMBER 20

Leicestershire Branch, RPSGB, Leicester Racecourse, 'Diwali Celebration'.

UniChem praises response to Great Business Awards

UniChem says it has received an excellent response for this year's Great Business Awards.

The awards, promoted through C&D and its sister title *Community Pharmacy*, seek to reward excellence, service and innovation in independent pharmacies. Nominations have been split into three categories: building relationships in the community, business development and promoting the business.

Photo-Me price falls 77 per cent after share issue

Photo-Me International's shares fell 77 per cent to 372p on Monday after it gave all its shareholders five extra shares for every one they held.

The 'five for one share subdivision' increased the number of PMI shares to 358.5 million. The company said its move was designed to attract

There are also two special awards, one of which recognises pharmacy's most supportive supplier and the other - in association with UniChem's consumer title *Healthy Times* - enables consumers to nominate pharmacists who they feel offer great service.

The winners will be announced at the UniChem awards dinner at the Metropole Hotel in Birmingham on November 12. Details will appear next week in C&D.

more private investors. "Many of them will have been put off by paying 1,252p for a share, whereas 372p is a far more attractive proposition," it said.

Its market capitalisation remains virtually unchanged at around £1.3 billion.

IN BRIEF

On-line pharmacy blues

Internet pharmacies in the US, such as *Drugstore.com* and *PlanetRx.com* are expected to grab only 1-2 per cent of the ethical, OTC and health and beauty market by 2001, according to a study by the Corporate Research Group. It says the internet pharmacy companies will see a "bloody shake-out" and only a couple will survive. But in the long term these companies may gain enough market share to "negatively affect overall profitability at bricks and mortar drugstores".

New equal opportunities guide

Small businesses will receive a new guide in the next six months. 'Equal opportunities is your business too' is jointly produced by the Equal Opportunities Commission, the Commission for Racial Equality and the National Disability Council.

Auravita targets pharmacists for health product kiosk/web site

A London-based company will be launching two e-commerce vehicles: a health product web site and an electronic kiosk, which it plans to install in pharmacies and other retailers.

Auravita claims its web site, www.auravita.com, is the largest and most advanced health product site outside the US. The web site displays more than 20,000 SKUs for sale from around 200 manufacturers. The lines include VMS brands, OTCs, sport supplements, and food and beverages, and are backed by a library of health-related information.

The customer can only access his or her own personal information by choosing and inserting a personal code. All the products' delivery details and credit card information are stored within a secure system, according to Auravita, and the customer does not have to re-enter them every time he or she places an order.

It says such facilities will encourage customers to place repeat orders and will save on delivery costs.

Auravita's kiosk is designed to bridge the gap between relatively small outlets, such as independent pharmacies, and the greater selling space offered by huge, specialist health-product chains. Rodney Sacks,

Auravita's chairman, said the kiosk "... enables the pharmacist to offer products he [or she] would not normally have space to stock".

Over the next two years Auravita plans to launch 2,000 kiosks, half of them in pharmacies and drug stores. It said it was talking to major pharmacy chains about the concept.

The kiosk comprises a touch-screen set on a stand and offers four functions.

- A product 'module' that enables the customer to view, order and get information about the web site's 20,000 products. Retailers can choose to tailor the kiosk's product database to suit their needs; for example, they could flag any products on the site that are already stocked in their stores.

Retailers who maintain Auravita's database will be paid a commission of 20 per cent on each sale arising from their kiosk.

- Customers can get general information about health products and ailments from an edited version of the web site's library. This is designed to give customers, who may not have much time, their information quickly.

- Manufacturers can advertise their products on the screen. Retailers can also choose a kiosk with a second, large-

er screen that is devoted exclusively to carrying adverts and promotions.

- The kiosk can recognise a retailer's loyalty card and allocate coupons accordingly.

Mr Sacks said the kiosk had been tested in Listers Chemists, a pharmacy based in Bushey Heath, Hertfordshire, and five other types of retailers. Listers used the kiosk for around four months. Mr Sacks said the trial was designed to test the kiosk's technology and to fine-tune the system.

Richard Lister, co-owner of Listers, said the kiosk generated a lot of customer interest, although he tended to direct customers to his own, large range of health products first because the margins are bigger. "More customers were using the kiosk and the service they got from it was very good. It also doesn't take up too much space, so we'll probably keep it for the foreseeable future," he said.

Pharmacists and other retailers would have several options to earn revenue from the kiosk.

- Auravita would arrange advertising for the kiosk and receive the ad revenues. It would also maintain the kiosk, while the pharmacist would get a commission on kiosk sales

- Auravita could share the ad rev-



(l-r) Louise Taylor, a director of Auravita and Rodney Sacks, its chairman

enues with the pharmacist, who would then pay a nominal cost to maintain the kiosk

- Pharmacy chains could negotiate the kiosk advertising with suppliers. The chains would then pay Auravita a monthly rent for the kiosk.

As the kiosk is an intranet, rather than an internet, Auravita said the telephone charges for retailers would be minimal.

While the company has its own distribution centre, it will hold a minimum of stock. Manufacturers will send the products ordered to the depot, which will then relay them to the customers.

For more information contact Auravita, telephone: 020 8438 2900.

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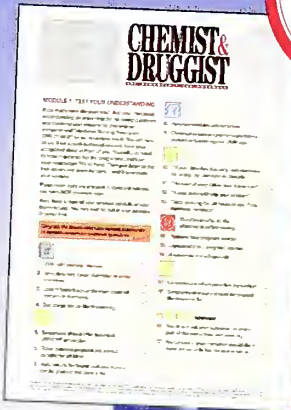
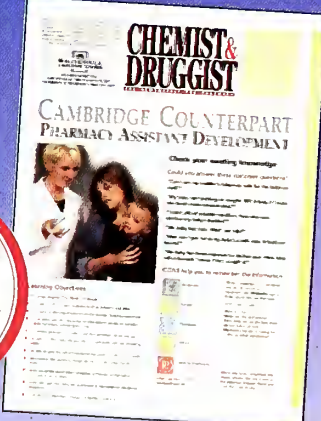
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- ☐ ☐ Are your accounts and tax returns prepared on a timely basis?
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(C&D 30th October 1999, Page 20).

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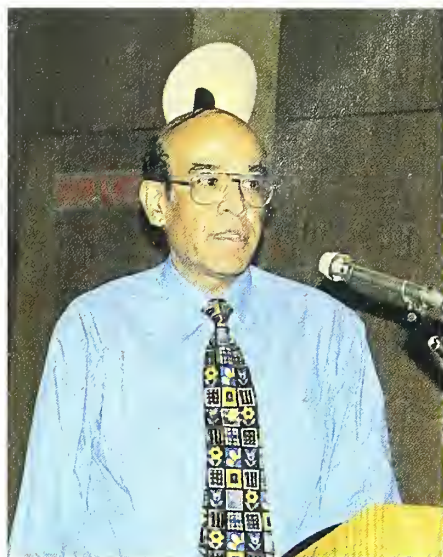
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Ashwin Tanna stands for Mayor of London



Ashwin Tanna: a pharmacist since 1969

Dulwich pharmacist Ashwin Tanna is standing for Mayor of London.

The former member of the Royal Pharmaceutical Society's Council is promising to "provide firm leadership to promote and enhance the prosperity of London and its people and to resolve, as best I can, its problems".

In his manifesto as an independent candidate, Mr Tanna says he would be an "honest, caring mayor who owes allegiance to no-one except the people of London". His manifesto includes policies on transport, crime and

disorder, and the establishment of a business forum.

Plans for transport include improving journey times for buses by amending parking regulations. Mr Tanna is also proposing a freeze or possible reduction in transport fares. Community based special police constables would improve safety on the streets, claims Mr Tanna. A business forum under the Greater London Authority would be consulted on all business-related issues and would actively promote neglected areas south of the river.

A pharmacist since 1969, Mr Tanna was made a fellow of the Society in 1991. He received a Southwark Civic Award in 1996. He recently sold his pharmacy to the Day Lewis group.

Mr Tanna needs ten signatures from residents of each of the 33 London boroughs in order to stand. Anyone wishing to nominate or vote for Mr Tanna, should write to him at 46 Lordship Lane, London SE22 8HJ, or call 0181 693 1717.

Denise Van Outen has been voted top of the bottoms for 1999 and winner of this year's Cellasene Rear of the Year award. Denise comes behind an impressive list of previous winners including Ulrika Johnson, Melinda Messenger and Carol Smiley. Bringing up the rear in the men's category is Robbie Williams



1999

CELLASENE

APPOINTMENTS

The Association of the British Pharmaceutical Industry has appointed **Kim Fellows** to manage its new Scottish Office. Ms Fellows was previously



Gary Lunt

managing partner of marketing consultancy HCC De Facto.

Gary Lunt has joined AAH Pharmaceuticals as its first ever director of national accounts. Mr Lunt was previously national accounts director for Reckitt & Colman.

Michael Achiampong, a locum community pharmacist, has been appointed as the local CPPE tutor for Birmingham.

The Association of Locum Pharmacy Agencies has appointed **Ruth Rodgers** as its secretary. The organisation was founded recently to encourage high standards in the locum industry. Ms Rodgers hopes to develop relationships with ALPHA's member agencies, which must meet the association's professional and organisational criteria. ALPHA will set up operating and complaints procedures, provide administrative support and establish an independent body to deal with complaints and liaise with all areas of pharmacy practice.

Mawdsleys has appointed **Louise Aspey** as marketing co-ordinator.



Kim Fellows



Louise Aspey

NICE attempt at spelling

Despite prompting Glaxo Wellcome's threatened move to a 'nicer' country, the National Institute for Clinical Excellence is still seen as a group of extremely intelligent people. But it seems that its academic brilliance does not extend to spelling.

The NILE web site last week gave details of its appraisal timetable and several of the drugs due for appraisal were mis-spelt. The thorough appraisal of these new drugs does not seem to include a check on their spelling.

It is not a likely crossword question, but is the new drug for multiple sclerosis glutarimer or glatarimer? NICK was not sure, and so used both versions. Glaxo's flu drug did not get a good reception from RICE, and it is already unsure about the next flu drug - is it oseltamivir or oslatamivir? And is it Ribavirin or Ribavarin?

Glaxo must be hoping that LICE made a mistake with its appraisal of Zanamivir and actually assessed another drug that begins with Z. The Institute has eight months to run the spell check before the full appraisal next July.

For the correct spellings of these drugs, see the C&D news pages of last week and the week before.



Karen Hayward (centre), from Highfields Pharmacy in Allerton-by-Water, has won a bottle of champagne for successfully completing the C&D Cambridge Counterpart training course. Having delivered prescriptions for seven years,

Karen completed the Counterpart training in order to work in the dispensary and on the medicines counter. She is pictured with Lesley Settle, supervising pharmacist, and Jonathan Harkley, Whitehall territory manager

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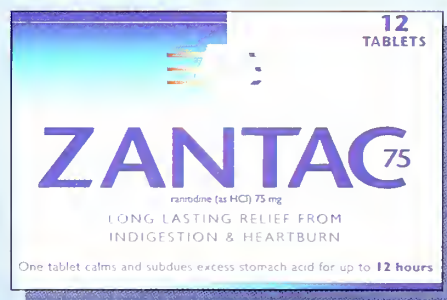


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